



Systems Documentation – Reference II

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Table of Contents

Revision History	iii
Section 1: Ambulatory Surgical Center Pricing Window	1-1
Introduction	1-1
Menu Bar.....	1-2
Field Information.....	1-3
System Information	1-4
System Features.....	1-4
Section 2: ASC Pricing Maintenance Window.....	2-1
Introduction	2-1
Menu Bar.....	2-2
Field Information.....	2-3
System Information	2-5
Section 3: RBRVS Conversion Factor Window	3-1
Introduction	3-1
Menu Bar.....	3-2
Field Information.....	3-3
System Information	3-5
Special Features.....	3-5
Section 4: Site of Service Differential Window.....	4-1
Introduction	4-1
Menu Bar.....	4-2
<i>Menu Selection: Options</i>	4-3
Field Information.....	4-4
System Information	4-5
Systems Features	4-5
Section 5: Provider Specialty Reductions Window.....	5-1
Introduction	5-1
Menu Bar.....	5-2
Field Information.....	5-4
System Information	5-5
Systems Features	5-6
Section 6: Prov Spec Reduction Maint Window	6-1
Introduction	6-1
Menu Bar.....	6-2
Field Information.....	6-3
System Information	6-5
Systems Features	6-6
Section 7: GPCI Window	7-1
Introduction	7-1
Menu Bar.....	7-2
Field Information.....	7-3
System Information	7-6
System Features.....	7-6
Section 8: Flat Fee List Window.....	8-1
Introduction	8-1
Menu Bar.....	8-2
Field Information.....	8-3

System Information	8-4
Systems Features	8-4
Section 9: Flat Fee Maintenance Window	9-1
Introduction	9-1
Menu Bar	9-2
Field Information	9-3
System Information	9-5
System Features	9-5
Section 10: RBRVS List Window	10-1
Introduction	10-1
Menu Bar	10-4
Field Information	10-5
System Information	10-13
System Features	10-14
Section 11: RBRVS Maintenance Window	11-1
Introduction	11-1
Menu Bar	11-2
Field Information	11-3
System Information	11-11
System Features	11-11
Section 12: DRG Rate Window	12-1
Introduction	12-1
Menu Bar	12-2
Field Information	12-4
System Information	12-5
System Features	12-5
Section 13: DRG Rate Maintenance Window	13-1
Introduction	13-1
Menu Bar	13-2
Field Information	13-3
System Information	13-6
Special Features	13-6
Section 14: Capital Cost Window	14-1
Introduction	14-1
Menu Bar	14-2
Field Information	14-3
System Information	14-5
Special Features	14-5
Section 15: Marginal Cost Factor Window	15-1
Introduction	15-1
Menu Bar	15-2
Field Information	15-3
System Information	15-5
Special Features	15-5
Section 16: Cost to Charge Ratio Window	16-1
Introduction	16-1
Menu Bar	16-2
Field Information	16-3
System Information	16-5
Special Features	16-5

Section 17: Peer Group Table Maintenance Window	17-1
Introduction	17-1
Menu Bar.....	17-2
System Information	17-3
System Features.....	17-3
Section 18: Peer Group Capital Cost Window.....	18-1
Introduction	18-1
Menu Bar.....	18-2
Field Information.....	18-3
System Information	18-5
Special Features.....	18-5
Section 19: Peer Group Marginal Cost Factor Window	19-1
Introduction	19-1
Menu Bar.....	19-2
Field Information.....	19-3
System Information	19-5
Special Features.....	19-5
Section 20: Peer Group Cost To Charge Ratio Window	20-1
Introduction	20-1
Menu Bar.....	20-2
Field Information.....	20-3
System Information	20-5
Special Features.....	20-5
Section 21: Peer Group Medical Education Cost Window	21-1
Introduction	21-1
Menu Bar.....	21-2
Field Information.....	21-3
System Information	21-5
Special Features.....	21-5
Section 22: Peer Group Maintenance Window	22-1
Introduction	22-1
Menu Bar.....	22-2
Field Information.....	22-3
System Information	22-4
Special Features.....	22-4
Section 23: Peer Group List Window.....	23-1
Introduction	23-1
Menu Bar.....	23-2
Field Information.....	23-3
System Information	23-4
Special Features.....	23-4
Section 24: Peer Group DRG Rate Window	24-1
Introduction	24-1
Menu Bar.....	24-2
Field Information.....	24-4
System Information	24-5
Special Features.....	24-6
Section 25: DRG Rate Maintenance Window	25-1
Introduction	25-1
Menu Bar.....	25-2

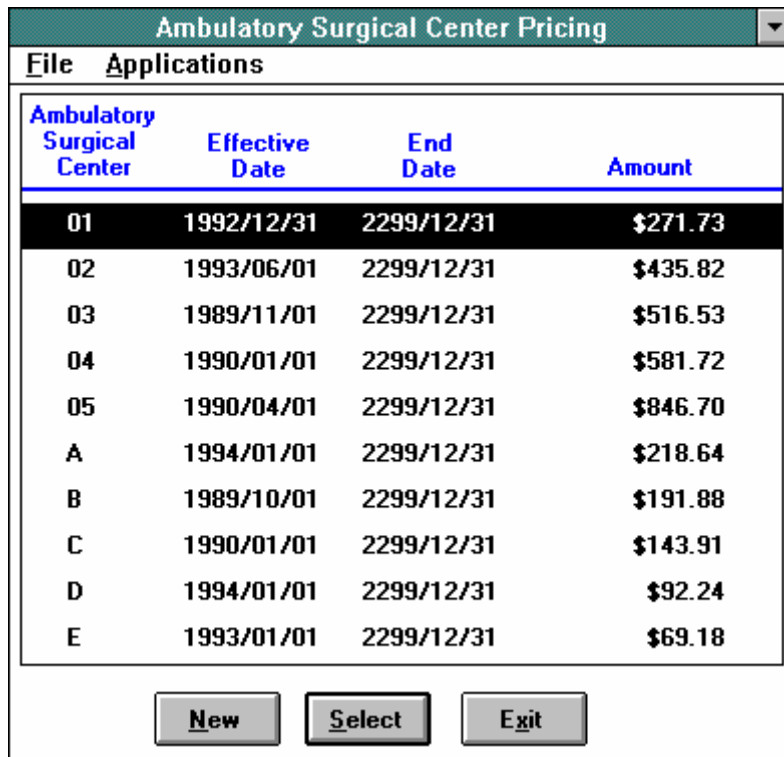
Field Information.....	25-3
System Information	25-5
Special Features.....	25-5
Section 26: Medical Education Cost Window	26-1
Introduction	26-1
Menu Bar.....	26-2
Field Information.....	26-3
System Information	26-5
Special Features.....	26-5
Section 27: Estimated Acquisition Cost Percentages Window.....	27-1
Introduction	27-1
Menu Bar.....	27-2
Field Information.....	27-3
Other Messages	27-6
System Information	27-6
System Features.....	27-6
Section 28: Pharmacy TPL Edits Window	28-1
Introduction	28-1
Menu Bar.....	28-2
Field Information.....	28-3
Other System Messages.....	28-5
System Information	28-5
System Features.....	28-5
Section 29: County Information Window	29-1
Introduction	29-1
Menu Bar.....	29-2
Field Information.....	29-3
System Information	29-6
System Features.....	29-6
Section 30: County Information Maintenance Window.....	30-1
Introduction	30-1
Menu Bar.....	30-2
Field Information.....	30-3
System Information	30-6
System Features.....	30-6
Index	<u>I-21</u>

Section 1: Ambulatory Surgical Center Pricing Window

Introduction

The Ambulatory Surgical Center Pricing window is used to view Ambulatory Surgical Center Pricing data. The ASC levels, pricing localities, effective and end dates and ASC reimbursement amounts are displayed.

The Ambulatory Surgical Center Pricing window is accessed from the Reference main menu or by clicking **Ambulatory Surgical Center Menu** from Options on the Procedure Maintenance window. This window displays previous date segments.



Ambulatory Surgical Center	Effective Date	End Date	Amount
01	1992/12/31	2299/12/31	\$271.73
02	1993/06/01	2299/12/31	\$435.82
03	1989/11/01	2299/12/31	\$516.53
04	1990/01/01	2299/12/31	\$581.72
05	1990/04/01	2299/12/31	\$846.70
A	1994/01/01	2299/12/31	\$218.64
B	1989/10/01	2299/12/31	\$191.88
C	1990/01/01	2299/12/31	\$143.91
D	1994/01/01	2299/12/31	\$92.24
E	1993/01/01	2299/12/31	\$69.18

Figure 1.1 – Ambulatory Surgical Center Pricing Window

Ambulatory Surgicl Center Pricing	
File	Applications
New	Adhoc Reporting
Select	Claims
Print	Managed Care
Exit	Financial
Exit IndianaAIM	MARS
	Prior Authorization
	Provider
	Recipient
	Reference
	Security
	SURS
	Third Party Liability

Figure 1.2 – Ambulatory Surgical Center Pricing Window Menu Tree

This is the menu tree for the Ambulatory Surgical Center Pricing window. All menus are in single-line boxes. The menu titles on this illustration reflect the overall menu commands and window options.

Menu Bar

The menu bar is below the window title bar and contains the heading for the list of commands or window options.

The list of available commands or window options displays in a drop-down box. If a command or window option is faded, the command or window option is not available at this time.

A command or window option is selected by the following methods:

1. Click on the command or window option title.
2. Click on the desired option title and a drop-down box displays. Click the command or press **Alt** plus the underscored letter of the desired command.

Menu Selection: File

This command provides the following options:

New – Updates the information on the Ambulatory Surgical Center Pricing window

Select – Selects information on the Ambulatory Surgical Center Pricing window

Print – Prints a data window, current window or the entire screen

Exit – Returns to the Main Menu

Exit IndianaAIM – Exits IndianaAIM

Menu Selection: Applications

These menu options access the following areas in IndianaAIM.

Adhoc Reporting – Click to access the Adhoc Reporting menu

Claims – Click to access the Claims main menu

Financial – Click to access the Financial main menu

Managed Care – Click to access the Managed Care main menu

MARS – Click to access the MARS menu

Prior Authorization – Click to access the Prior Authorization (PA) main menu

Provider – Click to access the Provider main menu

Recipient – Click to access the Recipient Search window

Reference – Click to access the Reference main menu

Security – Click to access the Security main menu

SURS – Click to access the SURS main menu

Third Party Liability – Click to access the Third Party Liability (TPL) main menu

Field Information

Field Name: Ambulatory Surgical Center

Description – Code that identifies an ambulatory surgical center payment grouping, based on the national Medicare fee schedule using the Indianapolis wage index

Format – Two alphanumeric characters

Features – Protected, display only

Edits – None

To Correct – N/a

Field Name: Effective Date

Description – Date the ASC rate becomes effective for claims processing

Format – CCYYMMDD

Features – Protected, display only

Edits – None

To Correct – N/a

Field Name: End Date

Description – Date the ASC rate is no longer valid for claims processing

Format – CCYYMMDD

Features – Protected, display only

Edits – None

To Correct – N/a

Field Name: AMOUNT

Description – Reimbursement amount for the ASC level

Format – Nine numeric characters

Features – Protected, display only

Edits – None

To Correct – N/a

System Information

PBL – REF02.PBL

Window – W_REF_ASC_PRICING_LIST

Menu – M_BASE_LIST_RETRIEVE

Data Windows – DW_REF_ASC_PRICING_LIST

System Features

Double-click the ASC code to open the Ambulatory Surgical Center Group Maintenance window.

List is scrollable.

All date segments display under the ASC Group code.

Section 2: ASC Pricing Maintenance Window

Introduction

The ASC Pricing Maintenance window is used to update ASC (Ambulatory Surgical Center) pricing data. The ASC Pricing Maintenance window is accessed from the Ambulatory Surgical Center Pricing window by double-clicking or selecting one of the listed levels or by clicking **New**. On the ASC Pricing Maintenance window, click **New** to create a new record. Double-click on the arrow next to Ambulatory Surgical Center field to view a list of valid ASC codes.

The screenshot shows a window titled "ASC Pricing Maintenance" with a menu bar containing "File", "Edit", and "Applications". The main area contains four labeled input fields: "Ambulatory Surgical Center:" with a dropdown menu showing "01" and a small arrow icon; "Effective Date:" with a date field showing "1992/12/31"; "End Date:" with a date field showing "2299/12/31"; and "Amount:" with a currency field showing "\$271.73". At the bottom of the window are three buttons: "New", "Save", and "Exit".

Figure 2.1 – ASC Pricing Maintenance Window

ASC Pricing Maintenance		
File	Edit	Applications
New	Copy	Adhoc Reporting
Save	Paste	Claims
Print	Cut	Financial
Exit		Managed Care
Audit		MARS
Exit IndianaAIM		Prior Authorization
		Provider
		Recipient
		Reference
		Security
		SURS
		Third Party Liability

Figure 2.2 – ASC Pricing Maintenance Window Menu Tree

This is the menu tree for the ASC Pricing Maintenance window. All menus are in single-line boxes. The menu titles on this illustration reflect the overall menu commands and window options.

Menu Bar

The menu bar is below the window title bar and contains the heading for the list of commands or window options.

The list of available commands or window options displays in a drop-down box. If a command or window option is faded, the command or window option is not available at this time.

A command or window option is selected by the following methods:

1. Click on the command or window option title.
2. Click on the desired option title and a drop-down box displays. Click the command or press the **Alt** plus the underscored letter of the desired command.

Menu Selection: File

This command provides the following options:

New – Updates ASC Pricing

Save – Saves data added to the ASC Pricing Table

Print – Prints a data window, current window or the entire screen

Exit – Returns to the Main Menu

Audit – Allows the user to view system made to each window

Exit IndianaAIM – Exits IndianaAIM

Menu Selection: Edit

This menu selection allows adjustments to the data typed.

Copy – Copies text to another area or application.

Paste – Pastes text from another area

Cut – Deletes the text and places it on the clipboard.

Menu Selection: Applications

These menu options access the following areas in IndianaAIM.

Adhoc Reporting – Click to access the Adhoc Reporting menu

Claims – Click to access the Claims main menu

Financial – Click to access the Financial main menu

Managed Care – Click to access the Managed Care main menu

MARS – Click to access the MARS menu

Prior Authorization – Click to access the PA main menu

Provider – Click to access the Provider main menu

Recipient – Click to access the Recipient Search window

Reference – Click to access the Reference main menu

Security – Click to access the Security main menu

SURS – Click to access the SURS main menu

Third Party Liability – Click to access the TPL main menu

Field Information

Field Name: Ambulatory Surgical Center

Description – Code that identifies an ambulatory surgical payment grouping, based on the national Medicare fee schedule using the Indianapolis wage index

Format – Two alphanumeric characters

Features – Drop down list

Valid values:

- 1
- 2
- 3
- 4
- 5
- 6
- 1
- 8
- 9
- A
- B
- C
- D
- E
- F
- G
- N

Edit – 8131 - Not a valid Ambulatory Surgical Center code.

To Correct – Verify typing. ASC must be a valid code from the ASC table.

Edit – 8063 - ASC group is required

To Correct – Verify typing. ASC group code must be a valid code from the ASC group table.

Field Name: Effective Date

Description – Date the ASC rate is effective for claims processing

Format – CCYYMMDD

Features – Protected, display only

Edit – 8033 - Effective date is required.

To Correct – Verify typing. Entry is required.

Edit – 8012 - End date must be on or after the effective date.

To Correct – Verify typing. The effective date must be sequentially before the end date.

Edit – 8065 - ASC Group Pricing already active for entered dates.

To Correct – Verify typing. The ASC group has an active price for the same date entered.

Field Name: End Date

Description – Date the ASC rate is no longer valid for claims processing

Format – CCYYMMDD

Features – None

Edit – 8012 - End date must be on or after the effective date.

To Correct – Verify typing. The effective date must be sequentially before

Edit – 8065 - ASC Group Pricing already active for entered dates.

To Correct – Verify typing. The ASC group has an active group price for the same date entered.

Field Name: Amount

Description – Reimbursement amount for the ASC group

Format – Nine numeric characters

Edit – 8037 - ASC amount cannot exceed 9,999,999.99.

To Correct – Verify typing. The amount cannot be greater than 9,999,999.99.

Edit – 8132 - May not be a negative amount.

To Correct – Verify typing. The amount cannot be a negative amount.

Edit – 91007 - Data must be numeric.

To Correct – Verify typing. Alphabetic characters are not valid in the amount field.

System Information

PBL – REF08.PBL

Window – W_REF_ASC_PRICING_MAINT

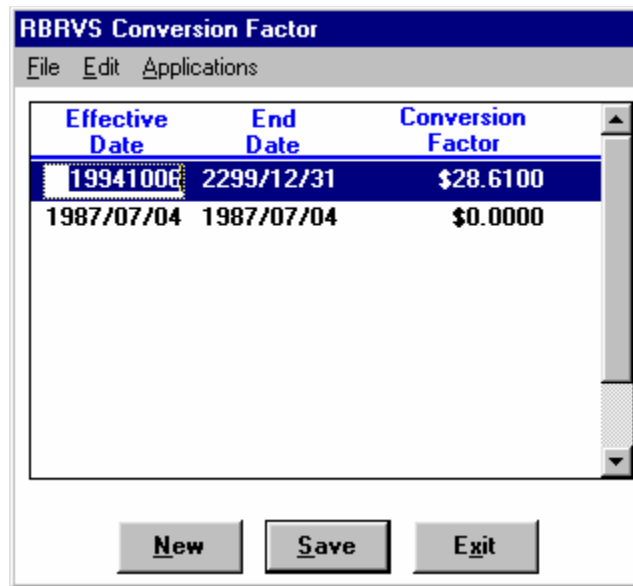
Menu – M_BASE_MAINT_SIMPLE_2

Data Windows – DW_ASC_PRICING_MAINT

Section 3: RBRVS Conversion Factor Window

Introduction

The RBRVS Conversion Factor window is used to view or update conversion factors in the RBRVS pricing system. From the RBRVS Table Maintenance Menu, click **RBRVS Conv Factor** to open the RBRVS Conversion Factor window.



The screenshot shows a window titled "RBRVS Conversion Factor" with a menu bar containing "File", "Edit", and "Applications". Below the menu bar is a table with three columns: "Effective Date", "End Date", and "Conversion Factor". The first row of the table has the values "19941006", "2299/12/31", and "\$28.6100". The second row has the values "1987/07/04", "1987/07/04", and "\$0.0000". At the bottom of the window are three buttons: "New", "Save", and "Exit".

Effective Date	End Date	Conversion Factor
19941006	2299/12/31	\$28.6100
1987/07/04	1987/07/04	\$0.0000

New Save Exit

Figure 3.1 – RBRVS Conversion Factor Window

RBRVS Conversion Factor		
File	Edit	Applications
New	Copy	Adhoc Reporting
Save	Paste	Claims
Print	Cut	Financial
Exit		Managed Care
Audit		MARS
Exit IndianaAIM		Prior Authorization
		Provider
		Recipient
		Reference
		Security
		SURS
		Third Party Liability

Figure 3.2 – RBRVS Conversion Factor Window Menu Tree

This is the menu tree for the RBRVS Conversion Factor window. All menus are in single-line boxes. The menu titles on this illustration reflect the overall menu commands and window options.

Menu Bar

The menu bar is below the window title bar and contains the heading for the list of commands or window options.

The list of available commands or window options displays in a drop-down box. If a command or window option is faded, the command or window option is not available at this time.

A command or window option is selected by the following methods:

1. Click on the command or window option title.
2. Click on the desired option title and a drop-down box displays. Click the command or press **Alt** plus the underscored letter of the desired command.

Menu Selection: File

This command provides the following options:

New – Updates RBRVS conversion factor information on the RBRVS Conversion Factor window

Save – Saves data added to the RBRVS Conversion Factor window

Print – Prints a data window, current window, or the entire screen

Exit – Returns to the Main Menu

Audit – Allows the user to view system changes made to each window

Exit IndianaAIM – Exits IndianaAIM

Menu Selection: Edit

This menu selection allows adjustments to the data typed.

Copy – Copies text to another area or application.

Paste – Pastes, cuts, or copies text from another area

Cut – Deletes the text and places it on the clipboard

Menu Selection: Applications

These menu options access the following areas in IndianaAIM.

Adhoc Reporting – Click to access the Adhoc Reporting menu

Claims – Click to access the Claims main menu

Financial – Click to access the Financial main menu

Managed Care – Click to access the Managed Care main menu

MARS – Click to access the MARS menu

Prior Authorization – Click to access the PA main menu

Provider – Click to access the Provider main menu

Recipient – Click to access the Recipient Search window

Reference – Click to access the Reference main menu

Security – Click to access the Security main menu

SURS – Click to access the SURS main menu

Third Party Liability – Click to access the TPL main menu

Field Information

Field Name: Effective Date

Description – Date the RBRVS conversion factor becomes effective for claims processing

Format – CCYYMMDD

Features – None

Edit – 8033– Effective date is required.

To Correct – Verify typing. Entry is required.

Edit – 8034 – Date range overlaps existing segment.

To Correct – Verify typing. The effective date range must not overlap an existing segment.

Edit – 91001– Invalid Date CCYYMMDD

To Correct – Verify typing. The date must be in CCYYMMDD format.

Edit – 91002– Date must be numeric.

To Correct – Verify typing. Date must be numeric character only (0-9).

Edit – 91003 – Date is required.

To Correct – Verify typing. Entry is required.

Edit – 91020– End Date must be > = Effective date.

To Correct – Verify typing. The end date must be after the effective date.

Field Name: End Date

Description – Date the conversion factor is no longer valid for claims processing

Format – CCYYMMDD

Features – None

Edit – 8034 – Date range overlaps existing segment.

To Correct – Verify typing. The effective date range must not overlap an existing segment.

Edit – 91001 – Invalid Date CCYYMMDD

To Correct – Verify typing. The date must be in CCYYMMDD format.

Edit – 91002 – Date must be numeric.

To Correct – Verify typing. Date must be numeric character only (0-9).

Edit – 91020 – End Date must be > = Effective date.

To Correct – Verify typing. The end date must be equal to or after the effective date.

Field Name: Conversion Factor

Description – Value used with a relative value to calculate the IHCP allowed amount for services and procedures

Format – Eight numeric characters.

Features – Protected, display only

System Information

PBL – REF07.PBL

Window – W_REF_CONVERSION_FACTOR

Menu – M_BASE_LIST_UPDATE

Data Windows – DW_CONVERSION_FACTOR

Special Features

Conversion Factor information is updatable.

Section 4: Site of Service Differential Window

Introduction

The Site of Service Differential window is used to update payment differentials based on site of service. The Site of Service Differential window is used to update payment adjustments for procedures or services that are subject to a payment adjustment based on the site of the procedure or service. This window is accessed from the Reference Table Maintenance Menu by clicking **RRVS**. This allows a choice of several differential buttons from the selection.

Place of Service	Effective Date	End Date	Site of Service Differential
22	19940815	2299/12/31	80%
23	1994/08/15	2299/12/31	80%
62	1994/08/15	2299/12/31	80%

New Save Exit

Figure 4.1 – Site of Service Differential Window

Site of Service Differential			
File	Edit	Applications	Options
New	Copy	Adhoc Reporting	POS Select
Save	Paste	Claims	
Print	Cut	Financial	
Exit		Managed Care	
Audit		MARS	
Exit IndianaAIM		Prior Authorization	
		Provider	
		Recipient	
		Reference	
		Security	
		SURS	
		Third Party Liability	

Figure 4.2 – Site of Service Differential Window Menu Tree

This is the menu tree for the Site of Service Differential window. All menus are in single-line boxes. The menu titles on this illustration reflect the overall menu commands and window options.

Menu Bar

The menu bar is below the window title bar and contains the heading for the list of commands or window options.

The list of available commands or window options displays in a drop-down box. If a command or window option is faded, the command or window option is not available at this time.

A command or window option is selected by the following methods:

1. Click on the command or window option title.
2. Click on the desired option title and a drop-down box displays. Click the command or press **Alt** plus the underscored letter of the desired command.

Menu Selection: File

This command provides the following options:

New – Updates Site of Service Differential information on the Site of Service Differential window

Save – Saves data added to the Site of Service Differential window

Print – Prints a data window, current window, or the entire screen

Exit – Returns to the Main Menu

Audit – Allows the user to view system changes made to each window

Exit IndianaAIM – Exits IndianaAIM

Menu Selection: Edit

This menu selection allows adjustments to the data typed.

Copy – Copies text to another area or application

Paste – Paste, cuts, or copies text from another area

Cut – Deletes the text and places it on the clipboard

Menu Selection: Applications

These menu options access the following areas in IndianaAIM.

Adhoc Reporting – Click to access the Adhoc Reporting menu

Claims – Click to access the Claims main menu

Financial – Click to access the Financial main menu

Managed Care – Click to access the Managed Care main menu

MARS – Click to access the MARS menu

Prior Authorization – Click to access the PA main menu

Provider – Click to access the Provider main menu

Recipient – Click to access the Recipient Search window

Reference – Click to access the Reference main menu

Security – Click to access the Security main menu

SURS – Click to access the SURS main menu

Third Party Liability – Click to access the TPL main menu

Menu Selection: Options

This menu options allows the user to perform certain functions on the current window.

POS Select – Click to access the Place of Service Select window

Field Information

Field Name: Place of Service

Description – Place of service code that represents the setting in which the procedure was performed

Format – Two numeric characters

Features – None

Field Name: Effective Date

Description – Date the Site of Service Differential becomes effective for claims processing

Format – CCYYMMDD

Features – None

Edit – 8033 – Effective date is required.

To Correct – Verify typing. Entry is required.

Edit – 8034 – Date range overlaps existing segment.

To Correct – Verify typing. The effective date range must not overlap an existing segment.

Edit – 91001 – Invalid Date CCYYMMDD

To Correct – Verify typing. The date must be in CCYYMMDD format.

Edit – 91002 – Date must be numeric.

To Correct – Verify typing. Date must be numeric character only (0-9).

Edit – 91003 – Date is required.

To Correct – Verify typing. Entry is required.

Edit – 91020 – End Date must be > = Effective date.

To Correct – Verify typing. The end date must be equal to or after the effective date.

Field Name: End Date

Description – Date the Site of Service Differential is no longer effective for claims processing

Format – CCYYMMDD

Features – None

Edit – 8034 – Date range overlaps existing segment.

To Correct – Verify typing. The effective date range must not overlap an existing segment.

Edit – 91001 – Invalid Date CCYYMMDD

To Correct – Verify typing. The date must be in CCYYMMDD format.

Edit – 91002 – Date must be numeric.

To Correct – Verify typing. Date must be numeric character only (0-9).

Edit – 91020 – End Date must be > = Effective date.

To Correct – Verify typing. The end date must be equal to or after the effective date.

Field Name: Site of Service Differential

Description – Adjustment factor based on the location where a physician's services are performed

Format – Three numeric characters

Features – None

Edit – 8080 – Cannot exceed 9.99.

To Correct – Verify typing. The Site of Service Differential cannot exceed 9.99.

Edit – 91007 – Data must be numeric.

To Correct – Verify typing. The Site of Service Differential cannot exceed 9.99.

Edit – 91032 – May not be zero.

To Correct – Verify typing. Zero is not valid for the Site of Service Differential.

System Information

PBL – REF07.PBL

Window – W_REF_SITE_OF_DIFFERENTIAL

Menu – M_BASE_LIST_UPDATE

Data Windows – DW_SITE_OF_DIFFERENTIAL

Systems Features

Updatable list.

Section 5: Provider Specialty Reductions Window

Introduction

The RBRVS Provider Specialty window is used to update percentage adjustments to the final RBRVS fee for the procedure or service based on the provider specialty. This window provides access to provider specialties that are valid for RBRVS pricing and the corresponding adjustment factor to be applied during RBRVS pricing. This window display previous date segments for a specific RBRVS provider specialty.

The RBRVS Provider Specialty window is accessed from the RBRVS Table Maintenance Menu, then clicking **Provider Specialty**.

The screenshot shows a window titled "Provider Specialty Reductions" with a menu bar containing "File", "Edit", "Applications", and "Options". Below the menu bar is a search area with a "Specialty:" label, a text input field, and a "Search" button. The main area contains a table with the following data:

Specialty	Description	Effective Date	End Date	Percent
020	Ambulatory Surgical Center (ASC)	1994/10/06	2299/12/31	100%
090	Pediatric Nurse Practitioner	1994/10/06	2299/12/31	75%
091	Obstetric Nurse Practitioner	1994/10/06	2299/12/31	75%
092	Family Nurse Practitioner	1994/10/06	2299/12/31	75%
093	Nurse Practitioner (Other)	1994/10/06	2299/12/31	75%
095	Certified Nurse Midwife	1994/10/06	2299/12/31	75%
100	Physician Assistant	1994/10/06	2299/12/31	100%
112	Psychologist	1994/10/06	2299/12/31	75%

At the bottom of the window are three buttons: "New", "Select", and "Exit".

Figure 5.1 – Provider Specialty Reductions Window

Provider Specialty Reductions			
File	Edit	Applications	Options
New	Copy	Adhoc Reporting	Search
Select	Paste	Claims	Reset Limits
Print	Cut	Financial	
Exit		Managed Care	
Exit IndianaAIM		MARS	
		Prior Authorization	
		Provider	
		Recipient	
		Reference	
		Security	
		SURS	
		Third Party Liability	

Figure 5.2 – Provider Specialty Reductions Window Menu Tree

This is the menu tree for the Provider Specialty Reductions window. All menus are in single-line boxes. The menu titles on this illustration reflect the overall menu commands and window options.

Menu Bar

The menu bar is below the window title bar and contains the heading for the list of commands or window options.

The list of available commands or window options displays in a drop-down box. If a command or window option is faded, the command or window option is not available at this time.

A command or window option is selected by the following methods:

1. Click on the command or window option title.
2. Click on the desired option title and a drop-down box displays. Click the command or press **Alt** plus the underscored letter of the desired command.

Menu Selection: File

This command provides the following options:

New – Updates RBRVS Provider Specialty

Select – Select to view Prov Spec Reductions Maintenance window

Print – Prints a data window, current window, or the entire screen.

Exit – Returns to the Main Menu

Exit IndianaAIM – Exits IndianaAIM

Menu Selection: Edit

This menu selection allows adjustments to the data typed.

Copy – Copies text to another area or application

Paste – Pastes, cuts, or copies text from another area

Cut – Deletes the text and places it on the clipboard

Menu Selection: Application

These menu options access the following areas in IndianaAIM.

Adhoc Reporting – Click to access the Adhoc Reporting menu

Claims – Click to access the Claims main menu

Financial – Click to access the Financial main menu

Managed Care – Click to access the Managed Care main menu

MARS – Click to access the MARS menu

Prior Authorization – Click to access the PA main menu

Provider – Click to access the Provider main menu

Recipient – Click to access the Recipient Search window

Reference – Click to access the Reference main menu

Security – Click to access the Security main menu

SURS – Click to access the SURS main menu

Third Party Liability – Click to access the TPL main menu

Menu Selection: Options

This menu options allows the user to perform certain functions on the current window.

Search – Click on Search to select a specific provider specialty

Reset Limits – Click on Reset to reset criteria.

Field Information

Field Name: Provider Specialty

Description – Provider's scope of practice and the description

Format – 53 numeric characters

Features – None

Edits – None

To Correct – N/a

Field Name: Description

Description – Based on the Provider Specialty indicated

Format – 53 alphanumeric characters

Features – None

Edits – None

To Correct – N/a

Field Name: Effective Date

Description – Date the payment differential for the RBRVS provider specialty is effective for claims processing

Format – CCYYMMDD

Features – None

Edit – 8033 – Effective date is required.

To Correct – Verify typing. Entry is required.

Edit – 8034 – Date range overlaps existing segment.

To Correct – Verify typing. The effective date range must not overlap an existing segment.

Edit – 91001 – Invalid Date CCYYMMDD

To Correct – Verify typing. The date must be in CCYYMMDD format.

Edit – 91002 – Date must be numeric.

To Correct – Verify typing. Date must be numeric character only (0-9).

Edit – 91003 – Date is required.

To Correct – Verify typing. Entry is required.

Edit – 91020 – End Date must be > = Effective date.

To Correct – Verify typing. The end date must be after the effective date.

Field Name: End Date

Description – Date the RBRVS Provider Specialty payment differential is no longer effective for claims processing

Format – CCYYMMDD

Features – None

Edit – 8034 – Date range overlaps existing segment.

To Correct – Verify typing. The effective date range must not overlap an existing segment.

Edit – 91001 – Invalid Date CCYYMMDD

To Correct – Verify typing. The date must be in CCYYMMDD format.

Edit – 91002 – Date must be numeric.

To Correct – Verify typing. Date must be numeric character only (0-9).

Edit – 91020 – End Date must be > = Effective date.

To Correct – Verify typing. The end date must be after the effective date.

Field Name: Adjustment Percent

Description – Payment differential based on provider specialty

Format – Three numeric characters

Features – User must type in percentage with appropriate decimal (for example, 99% will be entered as .99)

Edit – 8080 – Cannot exceed 9.99.

To Correct – Verify typing. The adjustment percentage cannot exceed 9.99.

Edit – 91007 – Data must be numeric.

To Correct – Verify typing. The adjustment percentage differential cannot exceed 9.99.

Edit – 91032 – May not be zero.

To Correct – Verify typing. Zero is not valid for the adjustment percentage differential.

System Information

PBL – REF07.PBL

Window – W_REF_RBRVS_PROV_SPECIALTY

Menu – M_BASE_LIST_UPDATE

Data Windows – DW_RBRVS_PROV_SPEC

DW_RBRVS_PROV_SPEC_ADJ

Systems Features

Provider Specialty information, or the left data window is display only.

Information in the Provider Adjustment Percentage Data window or the right data window, corresponds directly to the provider specialty selected in the Provider Specialty Data window. Only the provider specialty dates and adjustment percentage information for the selected specialty are displayed. To display provider specialty dates and percentage information for a different specialty, select the desired provider specialty either by using the up and down arrow to scroll to the appropriate specialty or using the mouse and left-clicking on the appropriate specialty.

The new Provider Specialty button provides access to the New RBRVS Provider Specialty window. The new RBRVS Provider Specialty window adds provider specialties that are valid for RBRVS pricing.

Section 6: Prov Spec Reduction Maint Window

Introduction

The Prov Spec Reduction Maint window is used to add provider specialties that are valid for RBRVS pricing along with the corresponding adjustment factor to be applied during RBRVS pricing.

The Prov Spec Reduction Maint window is accessed from the Provider Specialty Reductions window by clicking **New**.

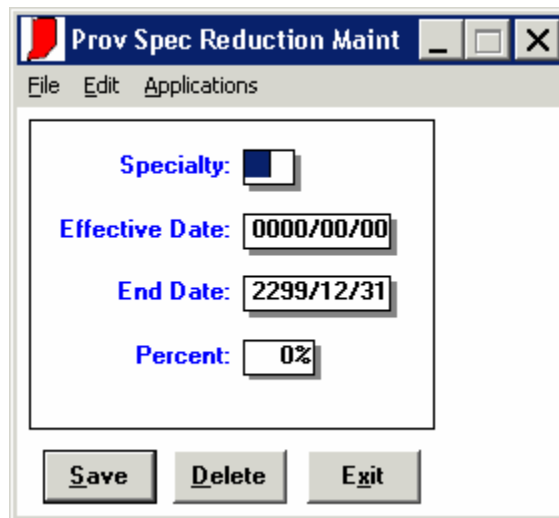


Figure 6.1 – Prov Spec Reduction Window

Prov Spec Reduction		
File	Edit	Applications
Save	Copy	Adhoc Reporting
Delete	Paste	Claims
Print	Cut	Financial
Exit		Managed Care
Audit		MARS
Exit IndianaAIM		Prior Authorization
		Provider
		Recipient
		Reference
		Security
		SURS
		Third Party Liability

Figure 6.2 – Prov Spec Reduction Window Menu Tree

This is the menu tree for the Prov Spec Reduction window. All menus are in single-line boxes. The menu titles on this illustration reflect the overall menu commands and window options.

Menu Bar

The menu bar is below the window title bar and contains the heading for the list of commands or window options.

The list of available commands or window options displays in a drop-down box. If a command or window option is faded, the command or window option is not available at this time.

A command or window option is selected by the following methods:

1. Click on the command or window option title.
2. Click on the desired option title and a drop-down box displays. Click the command or press **Alt** plus the underscored letter of the desired command.

Menu Selection: File

This command provides the following options:

Save – Saves data added to the Prov Spec Reduction window

Delete – Removes data from window

Print – Prints a data window, current window, or the entire screen

Exit – Returns to the Main Menu

Audit – Allows user to view changes to window

Exit IndianaAIM – Exits IndianaAIM

Menu Selection: Edit

This menu selection allows adjustments to the data typed.

Copy – Copies text to another area or application

Paste – Pastes, cuts, or copies text from another area

Cut – Deletes the text and places it on the clipboard

Menu Selection: Applications

These menu options access the following areas in IndianaAIM.

Adhoc Reporting – Click to access the Adhoc Reporting menu

Claims – Click to access the Claims main menu

Financial – Click to access the Financial main menu

Managed Care – Click to access the Managed Care main menu

MARS – Click to access the MARS menu

Prior Authorization – Click to access the PA main menu

Provider – Click to access the Provider main menu

Recipient – Click to access the Recipient Search window

Reference – Click to access the Reference main menu

Security – Click to access the Security main menu

SURS – Click to access the SURS main menu

Third Party Liability – Click to access the TPL main menu

Field Information

Field Name: Specialty

Description – Provider's scope of practice

Format – 53 numeric characters and description

Features – Double-click the specialty or click **Select** to copy a code to provider specialty on the lower data window

Edits – None

To Correct – N/a

Field Name: Specialty

Description – Practice scope of the provider

Format – Three alphanumeric characters

Features – None

Edit – 91037 – Field is required.

To Correct – Verify typing. Entry is required.

Field Name: Effective Date

Description – Date the payment differential for a new RBRVS provider specialty is effective for claims processing

Format – CCYYMMDD

Features – None

Edit – 8033 – Effective date is required.

To Correct – Verify typing. Entry is required.

Edit – 8034 – Date range overlaps existing segment.

To Correct – Verify typing. The effective date range must not overlap an existing segment.

Edit – 91001 – Invalid Date CCYYMMDD

To Correct – Verify typing. The date must be in CCYYMMDD format.

Edit – 91002 – Date must be numeric.

To Correct – Verify typing. Date must be numeric character only (0-9).

Edit – 91003 – Date is required.

To Correct – Verify typing. Entry is required.

Edit – 91020 – End Date must be > = Effective date.

To Correct – Verify typing. The end date must be after the effective date.

Field Name: End Date

Description – Date the New RBRVS Provider Specialty payment differential is no longer effective for claims processing

Format – CCYYMMDD

Features – None

Edit – 8034 – Date range overlaps existing segment.

To Correct – Verify typing. The effective date range must not overlap an existing segment.

Edit – 91001 – Invalid Date CCYYMMDD

To Correct – Verify typing. The date must be in CCYYMMDD format.

Edit – 91002 – Date must be numeric.

To Correct – Verify typing. Date must be numeric character only (0-9).

Edit – 91020 – End Date must be > = Effective date.

To Correct – Verify typing. The end date must be after the effective date.

Field Name: Percent

Description – Payment differential based on provider specialty

Format – Three numeric characters.

Features – User must type in percentage with appropriate decimal (for example, 99% is entered as .99).

Edit – 8080 - Cannot exceed 9.99.

To Correct – Verify typing. The adjustment percentage cannot exceed 9.99.

Edit – 91007 - Data must be numeric.

To Correct – Verify typing. The adjustment percentage differential cannot exceed 9.99.

Edit – 91032 - May not be zero.

To Correct – Verify typing. Zero is not valid for the adjustment percentage differential.

System Information

PBL – REF07.PBL

Window – W_REF_RBRVS_PROV_SPECIALTY_ADD

Menu – M_BASE_MAINT_SIMPLE

Data Windows – DW_RBRVS_PROV_SPEC_ADD

DW_RBRVS_PROV_SPEC_ADJ_NEW

Systems Features

Provider Specialty information (top data window) is used to select a valid provider specialty. A specialty is selected by double-clicking on a specialty or scrolling to the specialty and clicking **Select**.

Section 7: GPCI Window

Introduction

The GPCI window is used to update the three Geographic Practice Cost Index (GPCI) components that reflect the physician work, practice expense, and malpractice expenses. This window allows the user to assign GPCIs based on locality. By selecting appropriate locality in the left data window, the corresponding GPCI values for that locality display in the right data window. The GPCI window is accessed from the Reference Table Maintenance Menu by clicking **RBRVS**, and then clicking **GPCI**.

The screenshot shows a window titled "GPCI" with a menu bar containing "File", "Edit", and "Applications". The window is divided into two main sections. The left section is a list box with a vertical scrollbar, containing the following items: "Locality", "Statewide", "Section", "Country", "City", "County", "Out-of-State", "Rural", and "Urban". The "Locality" item is selected. The right section is a table with the following columns: "Effective Date", "End Date", "Work", "Malpractice", and "Practice Expense". The table contains one row of data for the "Statewide" locality.

Locality	Effective Date	End Date	Work	Malpractice	Practice Expense
Statewide	1994/08/15	2299/12/31	0.980	0.516	0.905

At the bottom of the window, there are three buttons: "New", "Save", and "Exit".

Figure 7.1 – GPCI Window

GPCI		
File	Edit	Applications
New	Copy	Adhoc Reporting
Save	Paste	Claims
Print	Cut	Financial
Exit		Managed Care
Exit IndianaAIM		MARS
		Prior Authorization
		Provider
		Recipient
		Reference
		Security
		SURS
		Third Party Liability

Figure 7.2 – GPCI Window Menu Tree

This is the menu tree for the GPCI window. All menus are in single-line boxes. The menu titles on this illustration reflect the overall menu commands and window options.

Menu Bar

The menu bar is below the window title bar and contains the heading for the list of commands or window options.

The list of available commands or window options displays in a drop-down box. If a command or window option is faded, the command or window option is not available at this time.

A command or window option is selected by the following methods:

1. Click on the command or window option title.
2. Click on the desired option title and a drop-down box displays. Click the command or press **Alt** plus the underscored letter of the desired command.

Menu Selection: File

This command provides the following options:

New – Updates the GPCI

Save – Saves data added to the GPCI window

Print – Prints a data window, current window, or the entire screen

Exit – Returns to the Main Menu.

Exit IndianaAIM – Exits IndianaAIM

Menu Selection: Edit

This menu selection allows adjustments to the data typed.

Copy – Copies text to another area or application.

Paste – Pastes, cuts, or copies text from another area

Cut – Deletes the text and places it on the clipboard.

Menu Selection: Applications

These menu options access the following areas in IndianaAIM.

Adhoc Reporting – Click to access the Adhoc Reporting menu

Claims – Click to access the Claims main menu

Financial – Click to access the Financial main menu

Managed Care – Click to access the Managed Care main menu

MARS – Click to access the MARS menu

Prior Authorization – Click to access the PA main menu

Provider – Click to access the Provider main menu

Recipient – Click to access the Recipient Search window

Reference – Click to access the Reference main menu

Security – Click to access the Security main menu

SURS – Click to access the SURS main menu

Third Party Liability – Click to access the TPL main menu

Field Information

Field Name: Locality

Description – Grouping of geographic locations that describe the location of the servicing provider. Initially, all providers are considered as statewide.

Format – 15 alphabetic characters

Features – None

Edits – None

To Correct – N/a

Field Name: Effective Date

Description – Date the GPCI adjustment differential is effective for claims processing

Format – CCYYMMDD

Features – None

Edit – 8033 - Effective date is required.

To Correct – Verify typing. Entry is required.

Edit – 8034 - Date range overlaps existing segment.

To Correct – Verify typing. The effective date range must not overlap an existing segment.

Edit – 91001 - Invalid Date (CCYYMMDD)!

To Correct – Verify typing. The date must be in CCYYMMDD format.

Edit – 91002 - Date must be numeric.

To Correct – Verify typing. Date must be numeric character only (0-9).

Edit – 91003 - Date is required.

To Correct – Verify typing. Entry is required.

Edit – 91020 - End Date must be \geq Effective date.

To Correct – Verify typing. The end date must be after the effective date.

Field Name: End Date

Description – Date the GPCI adjustment differential is no longer effective for claims processing

Format – CCYYMMDD

Features – None

Edit – 8034 - Date range overlaps existing segment.

To Correct – Verify typing. The effective date range must not overlap an existing segment.

Edit – 91001 - Invalid Date CCYYMMDD

To Correct – Verify typing. The date must be in CCYYMMDD format.

Edit – 91002 - Date must be numeric.

To Correct – Verify typing. Date must be numeric character only (0-9).

Edit – 91020 - End Date must be \geq Effective date.

To Correct – Verify typing. The end date must be after the effective date.

Field Name: Work

Description – Adjustment factor that reflects the amount of physician expertise and training that went into being able to provide the service

Format – Five numeric characters

Features – None

Edit – 8138 - Cannot exceed 99.999.

To Correct – Verify typing. The work unit cannot exceed 99.999.

Edit – 91007 - Data must be numeric.

To Correct – Verify typing. Alphabetic characters are not valid in the work field.

Edit – 91032 - May not be zero.

To Correct – Verify typing. Work unit cannot be zero.

Field Name: Malpractice

Description – GPCI adjustment factor that reflects the amount of risk a physician undertakes in performing the service

Format – Five numeric characters

Features – None

Edit – 8138 - Cannot exceed 99.999.

To Correct – Verify typing. The work unit cannot exceed 99.999.

Edit – 91007 - Data must be numeric.

To Correct – Verify typing. Alphabetic characters are not valid in the malpractice field.

Edit – 91032 - May not be zero.

To Correct – Verify typing. Malpractice unit cannot be zero.

Field Name: Practice Expense

Description – GPCI that reflects the amount of overhead that is required to perform a service

Format – Five numeric characters.

Features – None

Edit – 8138 - Cannot exceed 99.999.

To Correct – Verify typing. The Practice unit cannot exceed 99.999.

Edit – 91007 - Data must be numeric.

To Correct – Verify typing. Alphabetic characters are not valid in the work field.

Edit – 91032 - May not be zero.

To Correct – Verify typing. Practice unit cannot be zero.

System Information

PBL – REF07.PBL

Window – W_REF_GPCI

Menu – M_BASE_LIST_UPDATE

Data Windows – DW_GPCI

DW_LOCALITY

System Features

Locality information (left data window) is display only.

Information in the GPCI data window or the right data window corresponds directly to the locality selected (highlighted) in the Locality Data window (left data window). Only the GPCI information for the select locality is displayed. To display GPCI information for a different locality, select the desired locality either by using the up and down arrow and scrolling to the appropriate locality or by left-clicking on the appropriate locality.

Section 8: Flat Fee List Window

Introduction

The Flat Fee List window is used to view procedures that have a flat fee instead of a RBRVS price. The Flat Fee List window provides a display of procedure specific Flat Fee pricing information. The Flat Fee List window is accessed from the Procedure Maintenance window or the Procedure List menu. Click the **Options** menu, then click **Pricing**, and click **Flat Fee**. This window displays prior pricing segments of flat fees for a specific procedure code.

The screenshot shows a window titled "Flat Fee List" with a menu bar containing "File" and "Applications". Below the menu bar is a "Procedure:" label followed by a text box containing "12345". The main area of the window contains a table with three columns: "Effective Date", "End Date", and "Flat Fee". The table has three rows of data. At the bottom of the window are three buttons: "New", "Select", and "Exit".

Effective Date	End Date	Flat Fee
1991/01/01	1991/12/31	\$12.50
1992/01/01	1992/12/31	\$15.00
1993/01/01	2299/12/31	\$17.25

Figure 8.1 – Flat Fee List Window

Flat Fee List		
File	Edit	Applications
New	Copy	Adhoc Reporting
Select	Paste	Claims
Print	Cut	Financial
Exit		Managed Care
Exit IndianaAIM		MARS
		Prior Authorization
		Provider
		Recipient
		Reference
		Security
		SURS
		Third Party Liability

Figure 8.2 – Flat Fee List Window Menu Tree

This is the menu tree for the Flat Fee List window. All menus are in single-line boxes. The menu titles on this illustration reflect the overall menu commands and window options.

Menu Bar

The menu bar is below the window title bar and contains the heading for the list of commands or window options.

The list of available commands or window options displays in a drop-down box. If a command or window option is faded, the command or window option is not available at this time.

A command or window option is selected by the following methods:

1. Click on the command or window option title.
2. Click on the desired option title and a drop-down box displays. Click the command or press **Alt** plus the underscored letter of the desired command.

Menu Selection: File

This command provides the following options:

New – Updates the Flat Fee table

Select – Selects data on the Flat Fee List window

Print – Prints a data window, current window, or the entire screen

Exit – Returns to the Main Menu

Exit IndianaAIM – Exits IndianaAIM

Menu Selection: Edit

This menu selection allows adjustments to the data typed.

Copy – Copies text to another area or application.

Paste – Pastes, cuts, or copies text from another area

Cut – Deletes the text and places it on the clipboard.

Menu Selection: Applications

These menu options access the following areas in IndianaAIM.

Adhoc Reporting – Click to access the Adhoc Reporting menu

Claims – Click to access the Claims main menu

Financial – Click to access the Financial main menu

Managed Care – Click to access the Managed Care main menu

MARS – Click to access the MARS menu

Prior Authorization – Click to access the PA main menu

Provider – Click to access the Provider main menu

Recipient – Click to access the Recipient Search window

Reference – Click to access the Reference main menu

Security – Click to access the Security main menu

SURS – Click to access the SURS main menu

Third Party Liability – Click to access the TPL main menu

Field Information

Field Name: Effective Date

Description – Date the Flat Fee becomes effective for claims processing

Format – CCYYMMDD

Features – None

Edits – None

To Correct – N/a

Field Name: End Date

Description – Date the Flat Fee is no longer valid for claims processing

Format – CCYYMMDD

Features – None

Edits – None

To Correct – N/a

Field Name: Flat Fee

Description – Flat fee that applies to a physician service but does not have a relative value on the Medicare Fee Schedule

Format – Nine numeric characters

Features – None

Edits – None

To Correct – N/a

System Information

PBL – REF08.PBL

Window – W_REF_FLAT_FEE_LIST

Menu – M_BASE_LIST_RETRIEVE

Data Windows – DW_FLAT_FEE_LIST

Systems Features

None

Section 9: Flat Fee Maintenance Window

Introduction

The Flat Fee Maintenance window is used to update procedures that have a flat fee instead of a RBRVS price. The Flat Fee Maintenance window is accessed through the Procedure Flat Fee List window by clicking **New** or by selecting **New** under the File option on the menu bar or clicking **New** on the bottom left-hand corner of the window.

The screenshot shows a window titled "Flat Fee Maintenance" with a menu bar containing "File", "Edit", and "Applications". The main area contains three labeled input fields: "Effective Date:" with the value "1991/01/01", "End Date:" with the value "1991/12/31", and "Flat Fee:" with the value "12.50". At the bottom of the window are three buttons: "New", "Save", and "Exit".

Figure 9.1 – Flat Fee Maintenance Window

Flat Fee Maintenance	
File	Applications
New	Adhoc Reporting
Save	Claims
Print	Financial
Exit	Managed Care
Exit IndianaAIM	MARS
	Prior Authorization
	Provider
	Recipient
	Reference
	Security
	SURS
	Third Party Liability

Figure 9.2 – Flat Fee Maintenance Window Menu Tree

This is the menu tree for the Flat Fee Maintenance window. All menus are in single-line boxes. The menu titles on this illustration reflect the overall menu commands and window options.

Menu Bar

The menu bar is below the window title bar and contains the heading for the list of commands or window options.

The list of available commands or window options displays in a drop-down box. If a command or window option is faded, the command or window option is not available at this time.

A command or window option is selected by the following methods:

1. Click on the command or window option title.
2. Click on the desired option title and a drop-down box displays. Click the command or press **Alt** plus the underscored letter of the desired command.

Menu Selection: File

This command provides the following options:

New – Updates Flat Fee information on the Flat Fee Maintenance window

Save – Saves data added to the Flat Fee table

Print – Prints a data window, current window, or the entire screen

Exit – Returns to the Main Menu

Exit IndianaAIM – Exits IndianaAIM

Menu Selection: Applications

These menu options access the following areas in IndianaAIM.

Adhoc Reporting – Click to access the Adhoc Reporting menu

Claims – Click to access the Claims main menu

Financial – Click to access the Financial main menu

Managed Care – Click to access the Managed Care main menu

MARS – Click to access the MARS menu

Prior Authorization – Click to access the PA main menu

Provider – Click to access the Provider main menu

Recipient – Click to access the Recipient Search window

Reference – Click to access the Reference main menu

Security – Click to access the Security main menu

SURS – Click to access the SURS main menu

Third Party Liability – Click to access the TPL main menu

Field Information

Field Name: Effective Date

Description – Date the Flat Fee becomes effective for claims processing

Format – CCYYMMDD

Features – None

Edit – 8033 - Effective date is required.

To Correct – Verify typing. Entry is required.

Edit – 8034 - Date range overlaps existing segment.

To Correct – Verify typing. The effective date range must not overlap an existing segment.

Edit – 91001 - Invalid Date CCYYMMDD

To Correct – Verify typing. The date must be in CCYYMMDD format.

Edit – 91002 - Date must be numeric.

To Correct – Verify typing. Date must be numeric character only (0-9).

Edit – 91003 - Date is required.

To Correct – Verify typing. Entry is required.

Edit – 91020 - End Date must be > = Effective date.

To Correct – Verify typing. The end date must be equal to or after the effective date.

Field Name: End Date

Description – Date the Flat Fee is no longer valid for claims processing

Format – CCYYMMDD

Features – None

Edit – 8034 - Date range overlaps existing segment.

To Correct – Verify typing. The effective date range must not overlap an existing segment.

Edit – 91001 - Invalid Date CCYYMMDD

To Correct – Verify typing. The date must be in CCYYMMDD format.

Edit – 91002 - Date must be numeric.

To Correct – Verify typing. Date must be numeric character only (0-9).

Edit – 91020 - End Date must be > = Effective date.

To Correct – Verify typing. The end date must be after the effective date.

Field Name: Flat Fee

Description – Flat Fee that applies to a physician service, but does not have a relative value on the Medicare Fee Schedule

Format – Nine numeric characters

Features – None

Edit – 8037 - Flat Fee amount cannot exceed 9,999,999.99!

To Correct – Verify typing. The amount cannot be greater than 9,99,999.99.

Edit – 8132 - May not be a negative amount.

To Correct – Verify typing. The amount cannot be a negative amount.

Edit – 91007 - Data must be numeric.

To Correct – Verify typing. Alphabetic characters are not valid in the amount field.

System Information

PBL – REF08.PBL

Window – W_REF_FLAT_FEE_MAINT

Menu – M_BASE_MAINT_SIMPLE

Data Windows – DW_FLAT_FEE_MAINT

System Features

None

Section 10: RBRVS List Window

Introduction

The RBRVS List window is used to view rate setting information for RBRVS (Resource Based Relative Value Scale) pricing information. This window is accessed through the Procedure Maintenance window or the Procedure List Menu. Click the **Options** menu, then click **Pricing**, and then click **RBRVS**. Because the RBRVS List window content goes beyond what is visible on the current window, use the horizontal scroll bar to view the remainder of the window content. The RBRVS data window is vertically and horizontally scrollable to allow viewing of all RBRVS pricing information.

RBRVS List

File Applications

Procedure: 99231 RBRVS Fee: \$24.86

Modifier	Effective Date	End Date	Work RVU	Practice Expense RVU	Malpractice RVU
	1994/10/06	2299/12/31	0.52	0.38	0.03

GPCI

Locality	Effective Date	End Date	Work	Practice Expense	Malpractice
Statewide	1994/10/06	2299/12/31	0.980	0.905	0.516

Conversion Factor

Effective Date	End Date	Conversion Factor
1994/10/06	2299/12/31	\$28.6100

New Select Exit

Figure 10.1 – RBRVS List Window (part 1 of 4)

RBRVS List
File Applications

Procedure: RBRVS Fee:

Malpractice RVU	PC/TC Indicator	Global Surgery	Site of Service Differential	Preoperative Percentage	Intraoperative Percentage	Postoperative Percentage
0.03	0	XXX	0	0.000%	0.000%	0.000%

GPCI

Locality	Effective Date	End Date	Work	Practice Expense	Malpractice
Statewide	1994/10/06	2299/12/31	0.980	0.905	0.516

Conversion Factor

Effective Date	End Date	Conversion Factor
1994/10/06	2299/12/31	\$28.6100

Figure 10.1 – RBRVS List Window (part 2 of 4)

RBRVS List
File Applications

Procedure: RBRVS Fee:

Preoperative Percentage	Intraoperative Percentage	Postoperative Percentage	Multiple Surgery	Bilateral Surgery	Assistant at Surgery	Co-Sur
0.000%	0.000%	0.000%	0	0	0	0

GPCI

Locality	Effective Date	End Date	Work	Practice Expense	Malpractice
Statewide	1994/10/06	2299/12/31	0.980	0.905	0.516

Conversion Factor

Effective Date	End Date	Conversion Factor
1994/10/06	2299/12/31	\$28.6100

Figure 10.1 – RBRVS List Window (part 3 of 4)

RBRVS List

File Applications

Procedure: 99231 RBRVS Fee: \$24.86

perative entage	Postoperative Percentage	Multiple Surgery	Bilateral Surgery	Assistant at Surgery	Co-Surgeons	Team Surgeons
0.000%	0.000%	0	0	0	0	0

GPCI

Locality	Effective Date	End Date	Work	Practice Expense	Malpractice
Statewide	1994/10/06	2299/12/31	0.980	0.905	0.516

Conversion Factor

Effective Date	End Date	Conversion Factor
1994/10/06	2299/12/31	\$28.6100

New Select Exit

Figure 10.1 – RBRVS List Window (part 4 of 4)

RBRVS List	
File	Applications
New	Adhoc Reporting
Select	Claims
Print	Financial
Exit	Managed Care
Exit IndianaAIM	MARS
	Prior Authorization
	Provider
	Recipient
	Reference
	Security
	SURS
	Third Party Liability

Figure 10.2 – RBRVS List Window Menu Tree

This is the menu tree for the RBRVS List window. All menus are in single-line boxes. The menu titles on this illustration reflect the overall menu commands and window options.

Menu Bar

The menu bar is below the window title bar and contains the heading for the list of commands or window options.

The list of available commands or window options displays in a drop-down box. If a command or window option is faded, the command or window option is not available at this time.

A command or window option is selected by the following methods:

1. Click on the command or window option title.
2. Click on the desired option title and a drop-down box displays. Click the command or press **Alt** plus the underscored letter of the desired command.

Menu Selection: File

This command provides the following options:

New – Updates RBRVS information on the RBRVS Maintenance window

Select – Allows the user to select data on the RBRVS List window

Print – Prints a data window, current window, or the entire screen

Exit – Returns to the Main Menu

Exit IndianaAIM – Exits IndianaAIM

Menu Selection: Applications

These menu options access the following areas in IndianaAIM.

Adhoc Reporting – Click to access the Adhoc Reporting menu

Claims – Click to access the Claims main menu

Financial – Click to access the Financial main menu

Managed Care – Click to access the Managed Care main menu

MARS – Click to access the MARS menu

Prior Authorization – Click to access the PA main menu

Provider – Click to access the Provider main menu

Recipient – Click to access the Recipient Search window

Reference – Click to access the Reference main menu

Security – Click to access the Security main menu

SURS – Click to access the SURS main menu

Third Party Liability – Click to access the TPL main menu

Field Information

Field Name: Procedure

Description – Code used to identify a medical or dental procedure

Format – Five alphanumeric characters

Features – Protected, display only

Edits – None

To Correct – N/a

Field Name: RBRVS Fee

Description – RBRVS calculated base IHCP allowable for a procedure or service

Format – Nine alphanumeric characters

Features – Calculated field, display only

Edits – None

To Correct – N/a

Field Name: Modifier

Description – Code used in combination with a procedure code that indicates if a procedure has been altered

Format – Two alphanumeric characters

Features – Protected, display only

Edits – None

To Correct – N/a

Field Name: Effective Date

Description – Date RBRVS units become effective for claims processing

Format – CCYYMMDD

Features – Protected, display only

Edits – None

To Correct – N/a

Field Name: End Date

Description – Date RBRVS units are no longer valid for claims processing

Format – CCYYMMDD

Features – Protected, display only

Edits – None

To Correct – N/a

Field Name: Work RVU

Description – Relative value unit (RVU) that reflects the amount of physician expertise and training that went into being able to provide the service

Format – Nine numeric characters

Features – Protected, display only

Edits – None

To Correct – N/a

Field Name: Practice Expense RVU

Description – RVU that reflects the amount of overhead that is required to perform a service

Format – Nine numeric characters

Features – Protected, display only

Edits – None

To Correct – N/a

Field Name: Malpractice RVU

Description – RVU that reflects the amount of risk of a lawsuit that the physician undertakes in performing the service

Format – Nine numeric characters

Features – Protected, display only

Edits – None

To Correct – N/a

Field Name: PC/TC Indicator

Description – Indicators that reflect both professional (PC) and technical (TC) components of a service

Valid values include the following:

- PC – Part of the relative value or fee for a procedure that represents a physician work.
- TC – Part of the relative value or fee for a procedure that represents the costs of doing the procedure excluding physician work:

This indicator identifies codes that describe physician services.

- **1**—This indicator identifies codes that describe diagnostic tests.
- **2**—This indicator identifies stand alone codes that describe the physician work portion of selected diagnostic tests for an associated code that describes the technical component of the diagnostic test only and another associated code that describes the global test.
- **3**—This indicator identifies stand-alone codes that describe the technical component of selected diagnostic tests for an associated code that describes the professional component of the diagnostic test only.
- **4**—For global test only. This indicator identifies stand-alone codes that describe selected diagnostic tests for associated codes that describe a) the professional component of the test only and b) the technical component of the test only. Modifiers 26 and TC cannot be used with these codes.
- **5**—Incident to codes. This indicator identifies codes that describe services covered incident to a physician's service when they are provided by auxiliary personnel employed by the physician and working under his or her direct personal supervision.
- **6**—Laboratory physician - interpretation codes. This indicator identifies clinical laboratory codes for which separate payment for interpretations by laboratory physicians may be made.
- **7**—Physical therapy service. Payment may not be made if the service is provided to either a hospital outpatient or inpatient.
- **8**—Physician interpretation codes. This indicator identifies the professional component of clinical laboratory codes for which separate payment may be made only if the physician interprets an abnormal smear for the hospital.
- **9**—Concept of a professional/technical component does not apply.

Format – One numeric character

Features – Protected, display only

Edits – None

To Correct – N/a

Field Name: Global Surgery

Description – Attribute that provides time frames that apply to payment for each surgical procedure

Format – Three alphanumeric characters. Valid values include the following:

- **000**—Endoscopic or minor procedure with related preoperative and postoperative relative values on the day of the procedure only included in the fee schedule payment amount; E & M services on the day of the procedure generally not payable.
- **010**—Minor procedure with preoperative relative values on the day of the procedure and postoperative relative values during a 10 day postoperative period included in the fee schedule amount; E & M services on the day of the procedure and during the 10-day postoperative period generally not payable.
- **090**—Major surgery with a 1-day preoperative period and 90-day postoperative period included in the fee schedule payment amount.

- MMM—Maternity codes; usual global period does not apply.
- XXX—Global concept does not apply.
- YYY—Carrier determines whether global concept applies and establishes postoperative period, if appropriate, at the time of pricing.
- ZZZ—The code is related to another service and falls within the global period of other the other service.

Features – Protected, display only

Field Name: Site of Service Differential

Description – Indicates if there is a site of service differential applied to the procedure

Format – One alphanumeric character. Valid values include the following:

- **0**—Differential does not apply
- **1**—Differential applies to this service
- **9**—Concept does not apply

Features – Protected, display only

Edits – None

To Correct – N/a

Field Name: Preoperative Percentage

Description – Denotes if a procedure is subject to the preoperative percentage. The preoperative percentage is a portion of the global fee. The field displays the percentage to be applied.

Format – Nine numeric characters.

Features – Protected, display only

Field Name: Intraoperative Percentage

Description – Denotes if a procedure is subject to the intraoperative percentage. The intraoperative percentage is a portion of the global fee. The field displays the percentage to be applied.

Format – Nine numeric characters

Features – Protected, display only

Field Name: Postoperative Percentage

Description – Denotes if a procedure is subject to the postoperative percentage. The postoperative percentage is a portion of the global fee. The field displays the percentage to be applied.

Format – Nine numeric characters

Features – Protected, display only

Field Name: Multiple Surgery

Description – Indicates which payment adjustment rule for multiple procedure applies to the service

Format – One alphanumeric character. Valid values include the following:

- **0**—No payment adjustment rules for multiple procedures apply. If the procedure is reported on the same day as another procedure, the payment is based on the lower of (a) the actual charge or (b) the fee schedule amount for the procedure.
- **1**—Standard payment adjustment rules for multiple procedures apply. If the procedure is reported on the same day as another procedure that has an indicator of 1, 2, or 3 on the Medicare Fee Schedule database (MFSDB), the procedures is ranked by fee schedule amount and the appropriate reduction to this code (100%, 50%, 25%, 25%, and by report, but no lower than 25%) will apply. Payment is based on the lower of: (a) the actual charge or (b) the fee schedule amount reduced by the appropriate percentage.
- **2**—Special rules apply for certain dermatology services. If the procedure is reported on the same day as another procedure with an indicator of 1, 2, or 3, the procedures are ranked by the fee schedule amount and the appropriate reduction to the code (100%, 50%, 50%, 50%, 50% and by report, but no lower than 50%). Payment will be based on the lower of: (a) the actual charge or (b) the fee schedule amount reduced by the appropriate percentage.
- **3**—Special rules apply for multiple endoscopic procedures if the procedure is billed with another endoscopy in the same family (i.e., another endoscopy that has the same base procedure).
- **4**—Reserved for future use
- **9**—Concept does not apply

Features – Protected, display only

Edits – None

To Correct – N/a

Field Name: Bilateral Surgery

Description – Indicator for services subject to a payment adjustment for cases that a procedure was performed on both sides of the body

Format – One alphanumeric character. Valid values include the following:

- **0**—A 150% payment adjustment for bilateral procedures does not apply.
- **1**—A 150% payment adjustment for bilateral procedures applies. If the code is billed with the bilateral modifier or is reported twice on the same day by any other means (e.g., with RT and LT modifiers or with a 2 in the units field), payment is based on the (a) the total actual charge for both sides or (b) 150% of the fee schedule amount for a single code.
- **2**—A 150% payment adjustment for a bilateral procedure does not apply. RVUs are already based on the procedure being performed as a bilateral procedure. If the procedure is reported with modifier 50 or is reported twice on the same day by any other means (e.g., with RT and LT modifiers or with a 2 in the units field), payment will be based for both sides on the lower of (a) the total actual charge by the physician for both sides or (b) 100% of the fee schedule amount for a single code.

- **3**—The usual payment adjustment for bilateral procedures does not apply. If the procedure is reported with modifier 50 or is reported for both sides on the same day by any other means (e.g., with RT and LT modifier or with a 2 in the units field), payment is based for each side or organ or site of a paired organ on the lower of: (a) the actual charge for each side or (b) 100% of the fee schedule amount for each side.
- **9**—Concept does not apply

Features – Protected, display only

Edits – None

To Correct – N/a

Field Name: Assistant at Surgery

Description – Indicator of whether or not an assistant can be paid for the service

Format – One alphanumeric character. Valid values include the following:

- **0**—Payment restriction for assistants at surgery applies to this procedure unless supporting documentation is submitted to establish medical necessity.
- **1**—Statutory payment restriction for assistants at surgery applies to this procedure. Assistant at surgery may not be paid.
- **2**—Payment restriction for assistants at surgery does not apply to this procedure. Assistant at Surgery may be paid.
- **9**—Concept does not apply

Features – Protected, display only

Edits – None

To Correct – N/a

Field Name: Co-Surgeons

Description – Indicator that two surgeons, each in a different specialty, can be paid

Format – One alphanumeric character. Valid values include the following:

- **0**—Co-surgeons not permitted for this procedure
- **1**—Co-surgeons could be paid; supporting documentation required to establish medical necessity of two surgeons for the procedure
- **2**—Co-surgeons permitted, no documentation required if two specialty requirement is met
- **9**—Concept does not apply

Features – Protected display only

Edits – None

To Correct – N/a

Field Name: Team Surgeons

Description – Indicator that services can be paid for team surgeons

Format – One alphanumeric character. Valid values include the following:

- **0**—Team surgeons not permitted for this procedure

Features – Protected, display only

Edits – None

To Correct – N/a

Section Name: GPCI

This section of the RBRVS List window displays geographic adjustment factors. The GPCI pricing components reflect an index that summarizes the prices of inputs to a physician, services in an area that is relative to national average prices. The GPCI is based on three components that reflect the opportunity cost of physician work, the costs of goods and services that comprise practice expenses, and malpractice expenses.

Field Name: Locality

Description – Adjustment factor based on the indicated geographical location of the servicing provider. Indiana has elected to use a statewide locality of urban.

Format – 15 alphanumeric characters. Valid values include the following:

- Statewide
- Out-of-state
- Rural
- Urban
- Metropolitan

Features – Protected, display only

Edits – None

To Correct – N/a

Field Name: Effective Date

Description – Date the GPCI adjustment differential is effective for claims processing

Format – CCYYMMDD

Features – Protected, display only

Edits – None

To Correct – N/a

Field Name: End Date

Description – Date the GPCI adjustment differential is no longer effective for claims processing

Format – CCYYMMDD

Features – Protected, display only

Edits – None

To Correct – N/a

Field Name: Work

Description – Adjustment factor that reflects the amount of physician expertise and training that went into being able to provide the service

Format – Five numeric characters

Features – Protected, display only

Edits – None

To Correct – N/a

Field Name: Practice Expense

Description – Adjustment factor that reflects the amount of overhead that is required to perform a service

Format – Five numeric characters

Features – Protected, display only

Edits – None

To Correct – N/a

Field Name: Malpractice

Description – Adjustment factor that reflects the amount of risk of a lawsuit that the physician undertakes in performing the service

Format – Five numeric characters

Features – Protected, display only

Edits – None

To Correct – N/a

Section Name: Conversion Factor

This section of the RBRVS List window displays the pricing segments for RBRVS conversion factors. This window scrolls horizontally to allow viewing of all conversion factor pricing segments.

Field Name: Effective Date

Description – Date the conversion factor becomes effective for claims processing

Format – CCYYMMDD

Features – None

Edits – None

To Correct – N/a

Field Name: End Date

Description – Date the conversion factor is no longer valid for claims processing

Format – CCYYMMDD

Features – None

Edits – None

To Correct – N/a

Field Name: Conversion Factor

Description – Value that is used with a relative value to calculate the base IHCP allowed amount for services and procedures

Format – Eight numeric characters

Features – Protected, display only

System Information

PBL – REF08.PBL

Window – W_REF_RBRVS_LIST

Menu – M_BASE_LIST_RETRIEVE

Data Windows – DW_RBRVS_LIST

DW_RBRVS_GPCI

DW_RBRVS_CONV_FACTOR

System Features

Max Fee calculation use the following formula:

$$((\text{Work RVU} * \text{Work GPCI}) + (\text{Malpractice RVU} * \text{Malpractice GPCI}) + (\text{Practice Expense RVU} * \text{Practice Expense GPCI})) = \text{Total RVU}$$
$$\text{Total RVU} * \text{Conversion Factor} = \text{Max Fee}$$

The max fee calculation uses the attributes from each of the selected rows in the three different areas on the window (RBRVS, GPCI, and Conversion Factor).

Section 11: RBRVS Maintenance Window

Introduction

The RBRVS Maintenance window is used to update procedure-pricing segments for RBRVS procedures. This window is accessed from the Procedure RBRVS List window by clicking **New** or by clicking the **Options** drop-down list and clicking the new command.

The screenshot shows the 'RBRVS Maintenance' window with a menu bar containing 'File' and 'Applications'. The main area contains several input fields and buttons. The 'Effective Date' is set to '1994/10/06' and the 'End Date' is set to '22991231'. Below these are three columns of fields: 'Modifier' (dropdown), 'Global Surgery' (dropdown with 'XXX'), and 'Multiple Surgery' (dropdown with '0'); 'Work RVU' (text box with '0.52'), 'Site of Service Differential' (dropdown with '0'), and 'Bilateral Surgery' (dropdown with '0'); 'Practice Expense RVU' (text box with '0.38'), 'Preoperative Percentage' (text box with '0.00000%'), and 'Assistant at Surgery' (dropdown with '0'); 'Malpractice RVU' (text box with '0.03'), 'Intraoperative Percentage' (text box with '0.00000%'), and 'Co-Surgeons' (dropdown with '0'); 'PC/TC Indicator' (dropdown with '0'), 'Postoperative Percentage' (text box with '0.00000%'), and 'Team Surgeons' (dropdown with '0'). At the bottom are three buttons: 'New', 'Save', and 'Exit'.

Field	Value
Effective Date	1994/10/06
End Date	22991231
Modifier	[Dropdown]
Global Surgery	XXX [Dropdown]
Multiple Surgery	0 [Dropdown]
Work RVU	0.52
Site of Service Differential	0 [Dropdown]
Bilateral Surgery	0 [Dropdown]
Practice Expense RVU	0.38
Preoperative Percentage	0.00000%
Assistant at Surgery	0 [Dropdown]
Malpractice RVU	0.03
Intraoperative Percentage	0.00000%
Co-Surgeons	0 [Dropdown]
PC/TC Indicator	0 [Dropdown]
Postoperative Percentage	0.00000%
Team Surgeons	0 [Dropdown]

Figure 11.1 – RBRVS Maintenance Window

RBRVS Maintenance		
File	Edit	Applications
New	Copy	Adhoc Reporting
Save	Paste	Claims
Print	Cut	Finanacial
Exit		Managed Care
Exit IndianaAIM		MARS
		Prior Authorization
		Provider
		Recipient
		Reference
		Security
		SURS
		Third Party Liability

Figure 11.2 – RBRVS Maintenance Window Menu Tree

This is the menu tree for the RBRVS Maintenance window. All menus are in single-line boxes. The menu titles on this illustration reflect the overall menu commands and window options.

Menu Bar

The menu bar is below the window title bar and contains the heading for the list of commands or window options.

The list of available commands or window options displays in a drop-down box. If a command or window option is faded, the command or window option is not available at this time.

A command or window option is selected by the following methods:

1. Click on the command or window option title.
2. Click on the desired option title and a drop-down box displays. Click the command or press **Alt** plus the underscored letter of the desired command.

Menu Selection: File

This command provides the following options:

New – Updates RBRVS information

Save – Saves data added to the RBRVS table

Print – Prints a data window, current window, or the entire screen

Exit – Returns to the Main Menu

Exit IndianaAIM – Exits IndianaAIM

Menu Selection: Edit

This menu selection allows adjustments to the data typed.

Copy – Copies text to another area or application.

Paste – Pastes, cuts, or copies text from another area

Cut – Deletes the text and places it on the clipboard

Menu Selection: Applications

These menu options access the following areas in IndianaAIM.

Adhoc Reporting – Click to access the Adhoc Reporting menu

Claims – Click to access the Claims main menu

Financial – Click to access the Financial main menu

Managed Care – Click to access the Managed Care main menu

MARS – Click to access the MARS menu

Prior Authorization – Click to access the PA main menu

Provider – Click to access the Provider main menu

Recipient – Click to access the Recipient Search window

Reference – Click to access the Reference main menu

Security – Click to access the Security main menu

SURS – Click to access the SURS main menu

Third Party Liability – Click to access the TPL main menu

Field Information

Field Name: Effective Date

Description – Date RBRVS units become effective for claims processing

Format – CCYYMMDD

Features – Protected, display only

Edit – 8033 - Effective date is required.

To Correct – Verify typing. Entry is required.

Edit – 8034 - Date range overlaps existing segment.

To Correct – Verify typing. The effective date range must not overlap an existing segment.

Edit – 91001 - Invalid Date CCYYMMDD

To Correct – Verify typing. The date must be in CCYYMMDD format.

Edit – 91002 - Date must be numeric.

To Correct – Verify typing. Date must be numeric character only (0-9).

Edit – 91003 - Date is required.

To Correct – Verify typing. Entry is required.

Edit – 91020 - End Date must be > = Effective date.

To Correct – Verify typing. The end date must be after the effective date.

Field Name: End Date

Description – Date the RBRVS information is no longer valid for claims processing

Format – CCYYMMDD

Features – None

Edit – 8034 - Date range overlaps existing segment.

To Correct – Verify typing. The effective date range must not overlap an existing segment.

Edit – 91001 - Invalid Date CCYYMMDD

To Correct – Verify typing. The date must be in CCYYMMDD format.

Edit – 91002 - Date must be numeric.

To Correct – Verify typing. Date must be numeric character only (0-9).

Edit – 91020 - End Date must be > = Effective date.

To Correct – Verify typing. The end date must be after the effective date.

Field Name: Modifier

Description – Code used in combination with a procedure code that indicates if a procedure has been altered

Format – Two alphanumeric characters

Features – Drop-down box

Valid values:

- TC – Technical Component

- 26 – Professional Component

Edits – None

To Correct – N/a

Field Name: Work RVU

Description – RVU that reflects the amount of physician expertise and training that went into being able to provide the service

Format – Nine numeric characters

Features – None

Edit – 8037 - Cannot exceed 9, 999, 999.99.

To Correct – Verify typing. The amount cannot be greater than 9, 999,999.99.

Edit – 8132 - May not be a negative amount.

To Correct – Verify typing. The amount cannot be a negative amount.

Edit – 91007 - Data must be numeric

To Correct – Verify typing. Alphabetic characters are not valid in the amount field.

Field Name: Practice Expense RVU

Description –RVU that reflects the amount of overhead that is required to perform a service

Format – Nine numeric characters

Features – None

Edit – 8037 - Cannot exceed 9, 999, 999.99.

To Correct – Verify typing. The amount cannot be greater than 9,999,999.99.

Edit – 8132 - May not be a negative amount.

To Correct – Verify typing. The amount cannot be a negative amount.

Edit – 91007 - Data must be numeric.

To Correct – Verify typing. Alphabetic characters are not valid in the amount field.

Field Name: Malpractice RVU

Description – RVU that reflects the amount of risk a physician undertakes in performing the service

Format – Nine numeric characters.

Features – None

Edit – 8037 - Cannot exceed 9, 999, 999.99

To Correct – Verify typing. The amount cannot be greater than 9,99,999.99.

Edit – 8132 - May not be a negative amount.

To Correct – Verify typing. The amount cannot be a negative amount.

Edit – 91007 - Data must be numeric.

To Correct – Verify typing. Alphabetic characters are not valid in the amount field.

Field Name: PC/TC Indicator

Description – Indicators that reflect both professional (PC) and technical (TC) components of a service.

Format – One numeric character

Features – Drop-down box

Valid values:

- **0**—This indicator identifies codes that describe physician services.
- **1**—This indicator identifies codes that describe diagnostic tests.
- **2**—This indicator identifies stand alone codes that describe the physician work portion of selected diagnostic tests an associated code that describes the technical component of the diagnostic test only and another associated code that describes the global test.
- **3**—This indicator identifies stand-alone codes that describe the technical component of selected diagnostic tests for an associated code that describes the professional component of the diagnostic test only.
- **4**—For global test only. This indicator identifies stand-alone codes that describe selected diagnostic tests for associated codes that describe a) the professional component of the test only and b) the technical component of the test only. Modifiers 26 and TC cannot be used with these codes.
- **5**—Incident to codes. This indicator identifies codes that describe services covered incident to a physician's service when they are provided by auxiliary personnel employed by the physician and working under his or her direct personal supervision.
- **6**—Laboratory physician - interpretation codes. This indicator identifies clinical laboratory codes for separate payment for interpretations by laboratory physicians may be made.
- **7**—Physical therapy service. Payment may not be made if the service is provided to either a hospital outpatient or inpatient.
- **8**—Physician interpretation codes. This indicator identifies the professional component of clinical laboratory codes for separate payment may be made only if the physician interprets an abnormal smear for the hospital.
- **9**—Concept of a professional/technical component does not apply.

Edits – None

To Correct – N/a

Field Name: Global Surgery

Description – Time frames that apply to payment for each surgical procedure

Format – Three alphanumeric characters.

Features – Drop-down box

Valid Values:

- 000—Endoscopic or minor procedure with related preoperative and postoperative relative values on the day of the procedure only included in the fee schedule payment amount; E & M services on the day of the procedure generally not payable.
- 010—Minor procedure with preoperative relative values on the day of the procedure and postoperative relative values during a 10 day postoperative period included in the fee schedule amount; E & M services on the day of the procedure and during the 10-day postoperative period generally not payable.
- 090—Major surgery with a 1-day preoperative period and 90-day postoperative period included in the fee schedule payment amount.
- MMM—Maternity codes; usual global period does not apply.
- XXX—Global concept does not apply.
- YYY—Carrier determines whether global concept applies and establishes postoperative period, if appropriate, at the time of pricing.
- ZZZ—The code is related to another service and falls within the global period of the other service.

Edits – None

To Correct – N/a

Field Name: Site of Service Differential

Description – Indicates if there is a site of service differential applied to the procedure

Format – One alphanumeric character

Features – Drop-down box.

Valid value:

- 0—Differential does not apply
- 1—Differential applies to this service
- 9—Concept does not apply

Edits – None

To Correct – N/a

Field Name: Preoperative Percentage

Description – Indicator that represents a procedure that is subject to the preoperative percentage. The preoperative percentage is a portion of the global fee. The field displays the percentage to be applied.

Format – Nine numeric characters.

Features – Protected, display only

Edits – None

To Correct – N/a

Field Name: Intraoperative Percentage

Description – Indicator that represents a procedure that is subject to the intraoperative percentage. The intraoperative percentage is a portion of the global fee. The field displays the percentage to be applied.

Format – Nine numeric characters.

Features – Protected, display only

Edits – None

To Correct – N/a

Field Name: Postoperative Percentage

Description – Indicator that represents a procedure that is subject to the postoperative percentage. The postoperative percentage is a portion of the global fee. The field displays the percentage to be applied.

Format – Nine numeric characters.

Features – Protected, display only

Edits – None

To Correct – N/a

Field Name: Multiple Surgery

Description – Indicates which payment adjustment rule applies when more than one surgery procedure is billed for the same date of service.

Format – One alphanumeric character.

Features – Drop-down box

Valid values:

- **0**—No payment adjustment rules for multiple procedures apply. If the procedure is reported on the same day as another procedure, the payment is based on the lower of : (a) the actual charge or (b) the fee schedule amount for the procedure.
- **1**—Standard payment adjustment rules apply for multiple procedures. If the procedure is reported on the same day as another procedure that has an indicator of 1, 2, or 3 on the Medicare Fee Schedule database (MFSDB), the procedures are ranked by fee schedule amount and the appropriate reduction to this code (100%, 50%, 25% 25%, and by report, but no lower than 25%) applies. Payment is based on the lower of: (a) the actual charge or (b) the fee schedule amount reduced by the appropriate percentage.
- **2**—Special rules for certain dermatology services apply. If the procedure is reported on the same day as another procedure with an indicator of 1, 2, or 3, the procedures are ranked by the fee schedule amount and the appropriate reduction to the code (100%, 50%, 50%, 50%, 50% and by

report, but no lower than 50%) applies. Payment is based on the lower of: (a) the actual charge or (b) the fee schedule amount reduced by the appropriate percentage.

- **3**—Special rules for multiple endoscopic procedures apply if the procedure is billed with another endoscopy in the same family (i.e., another endoscopy that has the same base procedure).
- **4**—Reserved for future use.
- **9**—Concept does not apply.

Edits – None

To Correct – N/a

Field Name: Bilateral Surgery

Description – Indicator for services subject to a payment adjustment for cases that a procedure was performed on both sides of the body

Format – One alphanumeric character.

Features – Drop-down box

Valid values:

- **0**—A 150% payment adjustment for bilateral procedures does not apply.
- **1**—A 150% payment adjustment for bilateral procedures applies. If the code is billed with the bilateral modifier or is reported twice on the same day by any other means (e.g., with RT and LT modifiers or with a 2 in the units field), payment is based on the (a) the total actual charge for both sides or (b) 150% of the fee schedule amount for a single code.
- **2**—A 150% payment adjustment for a bilateral procedure does not apply. RVUs are already based on the procedure being performed as a bilateral procedure. If the procedure is reported with modifier 50 or is reported twice on the same day by any other means (e.g., with RT and LT modifiers or with a 2 in the units field), payment will be based for both sides on the lower of (a) the total actual charge by the physician for both sides or (b) 100% of the fee schedule amount for a single code.
- **3**—The usual payment adjustment for bilateral procedures does not apply. If the procedure is reported with modifier 50 or is reported for both sides on the same day by any other means (e.g., with RT and LT modifier or with a 2 in the units field), payment will be based for each side or organ or site of a paired organ on the lower of (a) the actual charge for each side or (b) 100% of the fee schedule amount for each side.
- **9**—Concept does not apply.

Edits – None

To Correct – N/a

Field Name: Assistant at Surgery

Description – Indicates whether or not an assistant can be paid for the service

Format – One alphanumeric character.

Features – Drop-down box

Valid values:

- **0**—Payment restriction for assistants at surgery applies to this procedure. An assistant at surgery may not be paid unless supporting documentation is submitted to establish medical necessity.
- **1**—Statutory payment restriction for assistants at surgery applies to this procedure. Assistant at surgery may not be paid.
- **2**—Payment restriction for assistants at surgery does not apply to this procedure. Assistant at Surgery may be paid.
- **9**—Concept does not apply.

Edits – None

To Correct – N/a

Field Name: Co-Surgeons

Description – Indicates whether or not two surgeons, each in a different specialty, may be paid for a service

Format – One alphanumeric character.

Features – Drop-down box

Valid values:

- **0**—Co-surgeons not permitted for this procedure.
- **1**—Co-surgeons could be paid; supporting documentation required to establish medical necessity of two surgeons for the procedure.
- **2**—Co-surgeons permitted; no documentation required if two-specialty requirement is met.
- **9**—Concept does not apply.

Edits – None

To Correct – N/a

Field Name: Team Surgeons

Description – Indicates whether or not a team surgeon can be paid for the services

Format – One alphanumeric character.

Features – Drop-down box

Valid values:

- **0**—Team surgeons not permitted for this procedure
- **1**—Co-surgeons could be paid; supporting documentation required to establish medical necessity of two surgeons for the procedure.
- **2**—Co-surgeons permitted; no documentation required if two-specialty requirement is met.

- **9**—Concept does not apply.

Edits – None

To Correct – N/a

System Information

PBL – REF08.PBL

Window – W_REF_RBRVS_LIST

Menu – M_BASE_LIST_RETRIEVE

Data Windows – DW_RBRVS_LIST

System Features

None

Section 12: DRG Rate Window

Introduction

The DRG Rate window is used to view information about a specific Diagnosis Related Group (DRG) code. The DRG Rate window is accessed from the Reference Menu window by clicking **Diagnosis Related Group**. This window allows searches by DRG by clicking **Search**, or by double-clicking on the detail and clicking **Select**.

The screenshot shows the 'DRG Rate' window with a menu bar (File, Edit, Applications, Options) and a search field labeled 'DRG:' with the value '0' and a 'Search' button. Below the search field is a table with the following data:

DRG Code	Effective Date	End Date	Base Rate	DRG Weight	Mean LOS
0001	19990515	22991231	2961.8	3.7862	7.4
	19960731	19990514	2606.85	5.8954	14
	19950731	19960730	2523.57	5.8954	14
	19941104	19950730	2435.88	5.8954	14
0002	19990515	22991231	2961.8	4.5163	17.3
	19960802	19990514	2606.85	7.9451	16.2
	19960801	19960801	2606.85	7.9451	18.2
	19960731	19960731	2606.85	7.9451	16.2

At the bottom of the window are three buttons: 'New', 'Select', and 'Exit'.

Figure 12.1 – DRG Rate Window

DRG Rate			
File	Edit	Applications	Options
New	Copy	Adhoc Reporting	Search
Select	Paste	Claims	Reset Limits
Print	Cut	Financial	
Exit		Managed Care	
Exit IndianaAIM		MARS	
		Prior Authorization	
		Provider	
		Recipient	
		Reference	
		Security	
		SURS	
		Third Party Liability	

Figure 12.2 – DRG Rate Window Menu Tree

This is the menu tree for the DRG Rate window. All menus are in single-line boxes. The menu titles on this illustration reflect the overall menu commands and window options.

Menu Bar

The menu bar is below the window title bar and contains the heading for the list of commands or window options.

The list of available commands or window options displays in a drop-down box. If a command or window option is faded, the command or window option is not available at this time.

A command or window option is selected by the following methods:

1. Click on the command or window option title.
2. Click on the desired option title and a drop-down box displays. Click the command or press **Alt** plus the underscored letter of the desired command.

Menu Selection: File

This command provides the following options:

New – Provides access to the DRG Rate to update global DRG rate information

Select – Selects a specific DRG Code for updating purposes

Print – Prints a data window, current window, or the entire screen

Exit – Returns to the Main Menu

Exit IndianaAIM – Exits IndianaAIM

Menu Selection: Edit

This menu selection allows adjustments to the data typed.

Copy – Copies text to another area or application.

Paste – Pastes, cuts, or copies text from another area

Cut – Deletes the text and places it on the clipboard

Menu Selection: Applications

These menu options access the following areas in IndianaAIM.

Adhoc Reporting – Click to access the Adhoc Reporting menu

Claims – Click to access the Claims main menu

Financial – Click to access the Financial main menu

Managed Care – Click to access the Managed Care main menu

MARS – Click to access the MARS menu

Prior Authorization – Click to access the PA main menu

Provider – Click to access the Provider main menu

Recipient – Click to access the Recipient Search window

Reference – Click to access the Reference main menu

Security – Click to access the Security main menu

SURS – Click to access the SURS main menu

Third Party Liability – Click to access the TPL main menu

Menu Selection: Options

This menu options allows the user to perform certain functions on the current window.

Search – Click on Search to select a specific provider specialty

Reset Limits – Click on Reset to reset criteria.

Field Information

Field Name: DRG

Description – Code used in search criteria to identify one of the 617 classifications of diagnoses.

Format – Four numeric characters

Features – Protected, display only

Edits – None

To Correct – N/a

Field Name: DRG Code

Description – Code identifying one of the 617 classifications of diagnoses that demonstrate similar resource consumption and length-of-stay patterns

Format – Four numeric characters

Features – Protected, display only

Edits – None

To Correct – N/a

Field Name: Effective Date

Description – Effective date of the DRG with its corresponding date segments

Format – CCYYMMDD

Features – Protected, display only

Edits – None

To Correct – N/a

Field Name: End Date

Description – Date a DRG code is no longer valid for claims processing

Format – CCYYMMDD

Features – Protected, display only

Edits – None

To Correct – N/a

Field Name: Base Rate

Description – Assigned statewide pricing factor

Format – Seven numeric characters

Features – Protected, display only

Edits – None

To Correct – N/a

Field Name: DRG Weight

Description – Assigned weight that is intended to reflect the relative resource consumption associated with each DRG

Format – Five numeric characters.

Features – Protected, display only

Edits – None

To Correct – N/a

Field Name: Mean LOS

Description – Average number of days patients with a given diagnosis stay in the hospital

Format – Five numeric characters.

Features – Protected, display only

Edits – None

To Correct – N/a

System Information

PBL – REF08.PBL

Window – W_DRG_RATE

Menu – M_BASE_LIST_RETRIEVE

Data Windows – DW_DRG_RATE

System Features

None

Section 13: DRG Rate Maintenance Window

Introduction

The DRG Rate Maintenance window is used to update global DRG rate information. The DRG Rate Maintenance window is accessed from the DRG Rate window by clicking **New** or selecting the new option on the menu bar of the DRG Rate window.

The screenshot shows a window titled "DRG Rate Maintenance". It has a menu bar with "File", "Edit", and "Applications". The main area contains several input fields with blue labels: "DRG Code:" followed by a small grid icon; "Effective Date:" followed by a text box containing "0000/00/00"; "End Date:" followed by a text box containing "0000/00/00"; "Base Rate:" followed by a text box containing "0"; "DRG Weight:" followed by a text box containing "0"; and "Mean LOS:" followed by a text box containing "0". At the bottom of the window are three buttons: "Save", "Delete", and "Exit".

Figure 13.1 – DRG Rate Maintenance Window

DRG Rate Maintenance		
File	Edit	Applications
Save	Copy	Adhoc Reporting
Delete	Paste	Claims
Print	Cut	Financial
Exit		Managed Care
Audit		MARS
Exit IndianaAIM		Prior Authorization
		Provider
		Recipient
		Reference
		Security
		SURS
		Third Party Liability

Figure 13.2 – DRG Rate Maintenance Window Menu Tree

This is the menu tree for the DRG Rate Maintenance window. All menus are in single-line boxes. The menu titles on this illustration reflect the overall menu commands and window options.

Menu Bar

The menu bar is below the window title bar and contains the heading for the list of commands or window options.

The list of available commands or window options displays in a drop-down box. If a command or window option is faded, the command or window option is not available at this time.

A command or window option is selected by the following methods:

1. Click on the command or window option title.
2. Click on the desired option title and a drop-down box displays. Click the command or press **Alt** plus the underscored letter of the desired command.

Menu Selection: File

This command provides the following options:

Save – Saves data added to the DRG Rate Maintenance window

Delete – Removes data from the DRG Maintenance window

Print – Prints a data window, current window, or the entire screen

Audit – Allows the user to view the system changes made to each field

Exit – Returns to the Main Menu

Exit IndianaAIM – Exits IndianaAIM

Menu Selection: Edit

This menu selection allows adjustments to the data typed.

Copy – Copies text to another area or application.

Paste – Pastes, cuts, or copies text from another area

Cut – Deletes the text and places it on the clipboard

Menu Selection: Applications

These menu options access the following areas in IndianaAIM.

Adhoc Reporting – Click to access the Adhoc Reporting menu

Claims – Click to access the Claims main menu

Financial – Click to access the Financial main menu

Managed Care – Click to access the Managed Care main menu

MARS – Click to access the MARS menu

Prior Authorization – Click to access the PA main menu

Provider – Click to access the Provider main menu

Recipient – Click to access the Recipient Search window

Reference – Click to access the Reference main menu

Security – Click to access the Security main menu

SURS – Click to access the SURS main menu

Third Party Liability – Click to access the TPL main menu

Field Information

Field Name: DRG Code

Description – Code identifying one of the 617 classifications of diagnoses in which patients demonstrate similar resource consumption and length-of-stay patterns

Format – Four numeric characters

Features – None

Edit – 91007 - Data must be numeric.

To Correct – Verify typing. DRG code is a numeric field.

Edit – 91037 - Field is required.

To Correct – Verify typing. DRG code must be a valid DRG from the table.

Edit – 91052 - DRG code is invalid.

To Correct – Verify typing. DRG code must be a valid DRG from the table.

Field Name: Effective Date

Description – Effective date of the DRG with its corresponding date segments

Format – CCYYMMDD

Features – None

Edit – 8012 - End date must be on or after the effective date.

To Correct – Verify typing. The effective date must be sequentially before the end date.

Edit – 8033 - Effective date is required.

To Correct – Verify typing. Entry is required.

Edit – 8141 - DRG is already active for type ined dates.

To Correct – Verify typing. The DRG is active for the same date entered.

Edit – 91001 - Invalid Date CCYYMMDD

To Correct – Verify typing. The date must be in CCYYMMDD format.

Edit – 91002 - Date must be numeric.

To Correct – Verify typing. Date must be numeric character only (0-9).

Edit – 91003 - Date must be numeric.

To Correct – Verify typing. Verify typing. Entry is required.

Field Name: End Date

Description – Date a DRG code is no longer valid for claims processing

Format – CCYYMMDD

Features – None

Edit – 8012 - End date must be on or after the effective date.

To Correct – Verify typing. The effective date must be sequentially before the end date.

Edit – 8141 - DRG is already active for entered dates.

To Correct – Verify typing. The DRG is active for the same date entered.

Edit – 91001 - Invalid Date CCYYMMDD

To Correct – Verify typing. The date must be in CCYYMMDD format.

Edit – 91002 - Date must be numeric.

To Correct – Verify typing. Date must be numeric character only (0-9).

Edit – 91003 - Date must be numeric.

To Correct – Verify typing. Verify typing. Entry is required.

Field Name: Base Rate

Description – Statewide pricing factor that is assigned to each DRG

Format – Seven numeric characters.

Features – None

Edit – 8079 - Cannot exceed 99,999,999.999.

To Correct – Verify typing. The Base rate cannot be greater than 99, 999, 999.999.

Edit – 8132 - May not be a negative amount.

To Correct – Verify typing. The base rate cannot be a negative amount.

Edit – 91007 - Data must be numeric.

To Correct – Verify typing. Alphabetic characters are not valid in the amount field.

Field Name: DRG Weight

Description – Assigned weight that is intended to reflect the relative resource consumption associated with each DRG

Format – Five numeric characters

Features – None

Edit – 8185 - DRG weight cannot exceed 9.9999.

To Correct – Verify typing. The DRG Weight cannot be greater than 9.99.

Edit – 8132 - May not be a negative amount.

To Correct – Verify typing. The DRG Weight cannot be a negative amount.

Edit – 91007 - Data must be numeric.

To Correct – Verify typing. Alphabetic characters are not valid in the amount field.

Field Name: Mean LOS

Description – Average number of days patients with a given diagnosis stay in the hospital

Format – Five numeric characters.

Features – None

Edit – 8078 - Mean LOS cannot exceed 999.9

To Correct – Verify typing. The Mean LOS cannot be greater than 999.9.

Edit – 8132 - May not be a negative amount.

To Correct – Verify typing. The Mean LOS cannot be a negative amount.

Edit – 91007 - Data must be numeric.

To Correct – Verify typing. Alphabetic characters are not valid in the amount field.

System Information

PBL – REF07.PBL

Window – W_REF_DRG_RATE_MAINT

Menu – M_BASE_MAINT_SIMPLE

Data Windows – DW_DRG_RATE_MAINT

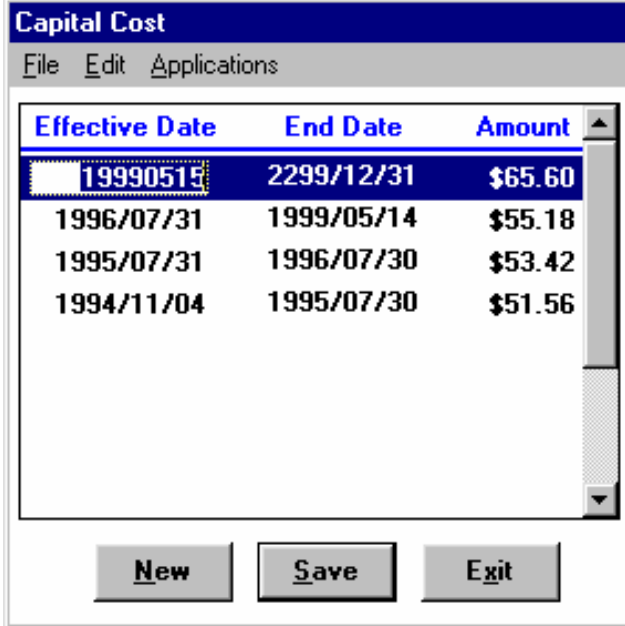
Special Features

None

Section 14: Capital Cost Window

Introduction

The Capital Cost window is used to view or update Capital Cost add-on rates. The Capital Cost window accesses the global capital cost add-on rate used in DRG Pricing methodology. The Capital cost window is accessed from the Reference Table Maintenance Menu by clicking **DRG**, then clicking **Capital Cost**.



The screenshot shows a window titled "Capital Cost" with a menu bar containing "File", "Edit", and "Applications". Below the menu bar is a table with three columns: "Effective Date", "End Date", and "Amount". The table contains four rows of data. The first row is highlighted with a blue background. Below the table are three buttons: "New", "Save", and "Exit".

Effective Date	End Date	Amount
19990515	2299/12/31	\$65.60
1996/07/31	1999/05/14	\$55.18
1995/07/31	1996/07/30	\$53.42
1994/11/04	1995/07/30	\$51.56

Figure 14.1 – Capital Cost Window

Capital Cost		
File	Edit	Applications
New	Copy	Adhoc Reporting
Save	Paste	Claims
Print	Cut	Financial
Exit		Managed Care
Audit		MARS
Exit IndianaAIM		Prior Authorization
		Provider
		Recipient
		Reference
		Security
		SURS
		Third Party Liability

Figure 14.2 – Capital Cost Window Menu Tree

This is the menu tree for the Capital Cost window. All menus are in single-line boxes. The menu titles on this illustration reflect the overall menu commands and window options.

Menu Bar

The menu bar is below the window title bar and contains the heading for the list of commands or window options.

The list of available commands or window options displays in a drop-down box. If a command or window option is faded, the command or window option is not available at this time.

A command or window option is selected by the following methods:

1. Click on the command or window option title.
2. Click on the desired option title and a drop-down box displays. Click the command or press **Alt** plus the underscored letter of the desired command.

Menu Selection: File

This command provides the following options:

New – Allows the user to enter new information on the Capital Cost window

Save – Saves the data added to the Capital Cost window

Print – Prints a data window, current window, or the entire screen

Exit – Returns to the Main Menu

Audit – Allows the user to view the system changes made to each field

Exit IndianaAIM – Exits IndianaAIM

Menu Selection: Edit

This menu selection allows adjustments to the data typed.

Copy – Copies text to another area or application

Paste – Pastes, cuts, or copies text from another area

Cut – Deletes the text and places it on the clipboard

Menu Selection: Applications

These menu options access the following areas in IndianaAIM.

Adhoc Reporting – Click to access the Adhoc Reporting menu

Claims – Click to access the Claims main menu

Financial – Click to access the Financial main menu

Managed Care – Click to access the Managed Care main menu

MARS – Click to access the MARS menu

Prior Authorization – Click to access the PA main menu

Provider – Click to access the Provider main menu

Recipient – Click to access the Recipient Search window

Reference – Click to access the Reference main menu

Security – Click to access the Security main menu

SURS – Click to access the SURS main menu

Third Party Liability – Click to access the TPL main menu

Field Information

Field Name: Effective Date

Description – Date the capital cost becomes effective

Format – CCYYMMDD

Features – None

Edit – 8033 - Effective date is required.

To Correct – Verify typing. Entry is required.

Edit – 8034 - Date range overlaps existing segment.

To Correct – Verify typing. The effective date range must not overlap an existing segment.

Edit – 91001 - Invalid Date CCYYMMDD

To Correct – Verify typing. The date must be in CCYYMMDD format.

Edit – 91002 - Date must be numeric.

To Correct – Verify typing. Date must be numeric characters only (0-9).

Edit – 91003 - Date must be numeric.

To Correct – Verify typing. Verify typing. Entry is required.

Edit – 91020 - Date must be greater than effective date.

To Correct – Verify typing. The end date must be after the effective date.

Field Name: End Date

Description – Date the capital cost amount is no longer effective

Format – CCYYMMDD

Features – None

Edit – 8034 - Date range overlaps existing segment.

To Correct – Verify typing. The effective date range must not overlap an existing segment.

Edit – 91001 - Invalid Date CCYYMMDD

To Correct – Verify typing. The date must be in CCYYMMDD format.

Edit – 91002 - Date must be numeric.

To Correct – Verify typing. Date must be numeric character only (0-9).

Edit – 91003 - Date must be numeric.

To Correct – Verify typing. Verify typing. Entry is required.

Edit – 91020 - Date must be greater than effective date.

To Correct – Verify typing. The end date must be after the effective date.

Field Name: Amount

Description – Additional payment adjustments for new construction or equipment

Format – Six numeric characters.

Features – None

Edit – 8083, Capital cost cannot exceed 9,999.99.

To Correct – Verify typing. The Capital cost cannot exceed 9, 999.99.

Edit – 91007 - Data must be numeric.

To Correct – Verify typing. Alphabetic characters are not valid in the amount field.

System Information

PBL – REF07.PBL

Window – W_REF_CAPITAL_COST

Menu – M_BASE_LIST_UPDATE

Data Windows – DW_CAPITAL_COST

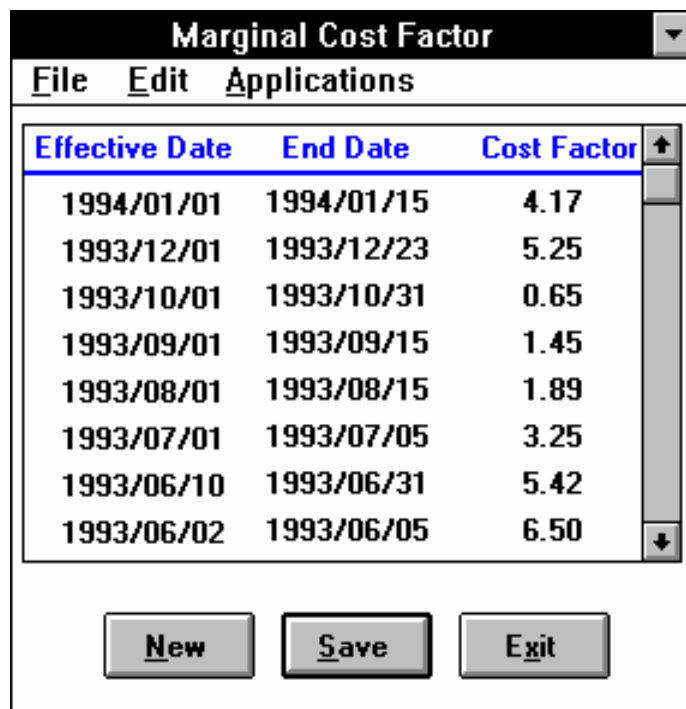
Special Features

None

Section 15: Marginal Cost Factor Window

Introduction

The Marginal Cost Factor window is used to view or update Marginal Cost add-on rates. The Marginal Cost window provides access to global wide capital cost add-on rates used in DRG Pricing methodology. The Capital Cost window is accessed from the Reference Table Maintenance Menu by clicking **Marginal Cost**.



Effective Date	End Date	Cost Factor
1994/01/01	1994/01/15	4.17
1993/12/01	1993/12/23	5.25
1993/10/01	1993/10/31	0.65
1993/09/01	1993/09/15	1.45
1993/08/01	1993/08/15	1.89
1993/07/01	1993/07/05	3.25
1993/06/10	1993/06/31	5.42
1993/06/02	1993/06/05	6.50

Figure 15.1 – Marginal Cost Factor Window

Marginal Cost Factor		
File	Edit	Applications
New	Copy	Adhoc Reporting
Save	Paste	Claims
Print	Cut	Financial
Exit		Managed Care
Audit		MARS
Exit IndianaAIM		Prior Authorization
		Provider
		Recipient
		Reference
		Security
		SURS
		Third Party Liability

Figure 15.2 – Marginal Cost Factor Window Menu Tree

This is the menu tree for the Marginal Cost Factor window. All menus are in single-line boxes. The menu titles on this illustration reflect the overall menu commands and window options.

Menu Bar

The menu bar is below the window title bar and contains the heading for the list of commands or window options.

The list of available commands or window options displays in a drop-down box. If a command or window option is faded, the command or window option is not available at this time.

A command or window option is selected by the following methods:

1. Click on the command or window option title.
2. Click on the desired option title and a drop-down box displays. Click the command or press **Alt** plus the underscored letter of the desired command.

Menu Selection: File

This command provides the following options:

New – Allows the user to enter new information on the Marginal Cost Factor window

Save – Saves the data added to the Marginal Cost Factor window

Print – Prints a data window, current window, or the entire screen

Exit – Returns to the Main Menu

Audit – Allows the user to view the system changes made to each field

Exit IndianaAIM – Exits IndianaAIM

Menu Selection: Edit

This menu selection allows adjustments to the data typed.

Copy – Copies text to another area or application

Paste – Pastes, cuts, or copies text from another area

Cut – Deletes the text and places it on the clipboard

Menu Selection: Applications

These menu options access the following areas in IndianaAIM.

Adhoc Reporting – Click to access the Adhoc Reporting menu

Claims – Click to access the Claims main menu

Financial – Click to access the Financial main menu

Managed Care – Click to access the Managed Care main menu

MARS – Click to access the MARS menu

Prior Authorization – Click to access the PA main menu

Provider – Click to access the Provider main menu

Recipient – Click to access the Recipient Search window

Reference – Click to access the Reference main menu

Security – Click to access the Security main menu

SURS – Click to access the SURS main menu

Third Party Liability – Click to access the TPL main menu

Field Information

Field Name: Effective Date

Description – Date the Marginal cost factor becomes effective

Format – CCYYMMDD

Features – None

Edit – 8033 - Effective date is required.

To Correct – Verify typing. Entry is required.

Edit – 8034 - Date range overlaps existing segment.

To Correct – Verify typing. The effective date range must not overlap an existing segment.

Edit – 91001 - Invalid Date CCYYMMDD

To Correct – Verify typing. The date must be in CCYYMMDD format.

Edit – 91002 - Date must be numeric.

To Correct – Verify typing. Date must be numeric character only (0-9).

Edit – 91003 - Date must be numeric.

To Correct – Verify typing. Verify typing. Entry is required.

Edit – 91020 - Date must be greater than effective date.

To Correct – Verify typing. The end date must be after the effective date.

Field Name: End Date

Description – Date the Marginal cost factor is no longer effective

Format – CCYYMMDD

Features – None

Edit – 8034 - Date range overlaps existing segment.

To Correct – Verify typing. The effective date range must not overlap an existing segment.

Edit – 91001 - Invalid Date CCYYMMDD

To Correct – Verify typing. The date must be in CCYYMMDD format.

Edit – 91002 - Date must be numeric.

To Correct – Verify typing. Date must be numeric character only (0-9).

Edit – 91003 - Date must be numeric.

To Correct – Verify typing. Verify typing. Entry is required.

Edit – 91020 - Date must be greater than effective date.

To Correct – Verify typing. The end date must be after the effective date.

Field Name: Factor

Description – Marginal cost of care beyond the outlier threshold

Format – Six numeric characters

Features – None

Edit – 8078 - Marginal Cost Factor cannot exceed 9,999.99.

To Correct – Verify typing. The effective date range must not overlap an existing segment.

Edit – 91007 - Data must be numeric.

To Correct – Verify typing. Alphabetic characters are not valid in the amount field.

System Information

PBL – REF07.PBL

Window – W_REF_MARG_COST_FACTOR

Menu – M_BASE_LIST_UPDATE

Data Windows – DW_MARG_COST_FACTOR

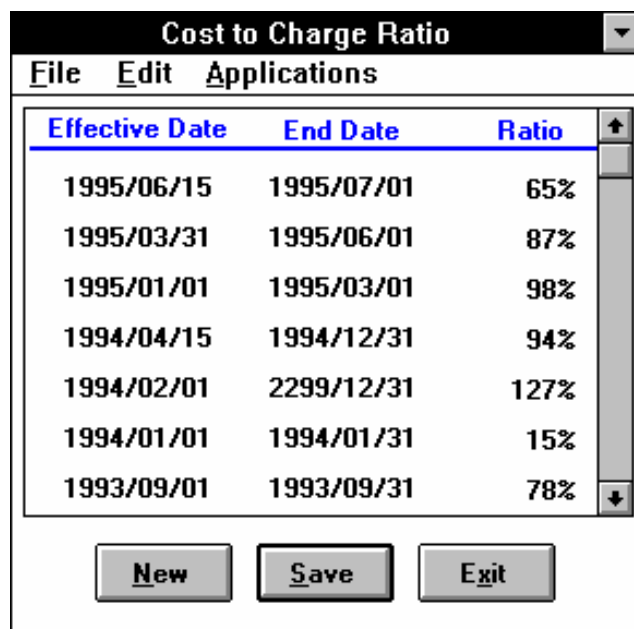
Special Features

None

Section 16: Cost to Charge Ratio Window

Introduction

The Cost to Charge Ratio window is used to view or update Cost to Charge Ratio Cost add-on rates. The Cost to Charge Ratio window provides access to globalwide Cost to Charge Ratio add-on rates used in DRG Pricing methodology. The Cost to Charge Ratio window is accessed from the Reference Table Maintenance Menu by clicking **Cost to Charge Ratio**.



The screenshot shows a window titled "Cost to Charge Ratio" with a menu bar containing "File", "Edit", and "Applications". Below the menu bar is a table with three columns: "Effective Date", "End Date", and "Ratio". The table contains seven rows of data. To the right of the table is a vertical scrollbar. Below the table are three buttons: "New", "Save", and "Exit".

Effective Date	End Date	Ratio
1995/06/15	1995/07/01	65%
1995/03/31	1995/06/01	87%
1995/01/01	1995/03/01	98%
1994/04/15	1994/12/31	94%
1994/02/01	2299/12/31	127%
1994/01/01	1994/01/31	15%
1993/09/01	1993/09/31	78%

Figure 16.1 – Cost to Charge Ratio Window

Cost to Charge Ratio		
File	Edit	Applications
New	Copy	Adhoc Reporting
Save	Paste	Claims
Print	Cut	Financial
Exit		Managed Care
Audit		MARS
Exit IndianaAIM		Prior Authorization
		Provider
		Recipient
		Reference
		Security
		SURS
		Third Party Liability

Figure 16.2 – Cost to Charge Ratio Window Menu Tree

This is the menu tree for the Cost to Charge Ratio window. All menus are in single-line boxes. The menu titles on this illustration reflect the overall menu commands and window options.

Menu Bar

The menu bar is below the window title bar and contains the heading for the list of commands or window options.

The list of available commands or window options displays in a drop-down box. If a command or window option is faded, the command or window option is not available at this time.

A command or window option is selected by the following methods:

1. Click on the command or window option title.
2. Click on the desired option title and a drop-down box displays. Click the command or press **Alt** plus the underscored letter of the desired command.

Menu Selection: File

This command provides the following options:

New – Allows the user to enter new information on the Cost to Charge Ratio window

Save – Saves the data added to the Cost to Charge Ratio window

Print – Prints a data window, current window, or the entire screen

Exit – Returns to the Main Menu

Audit – Allows the user to view the system changes made to each field

Exit IndianaAIM – Exits IndianaAIM

Menu Selection: Edit

This menu selection allows adjustments to the data typed.

Copy – Copies text to another area or application

Paste – Pastes, cuts, or copies from another area

Cut – Deletes the text and places it on the clipboard

Menu Selection: Applications

These menu options access the following areas in IndianaAIM.

Adhoc Reporting – Click to access the Adhoc Reporting menu

Claims – Click to access the Claims main menu

Financial – Click to access the Financial main menu

Managed Care – Click to access the Managed Care main menu

MARS – Click to access the MARS menu

Prior Authorization – Click to access the PA main menu

Provider – Click to access the Provider main menu

Recipient – Click to access the Recipient Search window

Reference – Click to access the Reference main menu

Security – Click to access the Security main menu

SURS – Click to access the SURS main menu

Third Party Liability – Click to access the TPL main menu

Field Information

Field Name: Effective Date

Description – Date the Cost to Charge Ratio becomes effective

Format – CCYYMMDD

Features – None

Edit – 8033 - Effective date is required.

To Correct – Verify typing. Entry is required.

Edit – 8034 - Date range overlaps existing segment.

To Correct – Verify typing. The effective date range must not overlap an existing segment.

Edit – 91001 - Invalid Date CCYYMMDD

To Correct – Verify typing. The date must be in CCYYMMDD format.

Edit – 91002 - Date must be numeric.

To Correct – Verify typing. Date must be numeric character only (0-9).

Edit – 91003 - Date must be numeric.

To Correct – Verify typing. Verify typing. Entry is required.

Edit – 91020 - Date must be greater than effective date.

To Correct – Verify typing. The end date must be after the effective date.

Field Name: End Date

Description – Date the Cost to Charge Ratio amount is no longer effective

Format – CCYYMMDD

Features – None

Edit – 8034 - Date range overlaps existing segment.

To Correct – Verify typing. The effective date range must not overlap an existing segment.

Edit – 91001 - Invalid Date CCYYMMDD

To Correct – Verify typing. The date must be in CCYYMMDD format.

Edit – 91002 - Date must be numeric.

To Correct – Verify typing. Date must be numeric character only (0-9).

Edit – 91003 - Date must be numeric.

To Correct – Verify typing. Verify typing. Entry is required.

Edit – 91020 - Date must be greater than effective date.

To Correct – Verify typing. The end date must be after the effective date.

Field Name: Ratio

Description – Statewide percentage of the average costs that hospitals are reimbursed for extraordinary cases

Format – Three numeric characters.

Features – Type in a percentage with appropriate decimal (for example, 99% Should be entered as .99).

Edit – 8078 - Cost to Charge Ratio cannot exceed 999%.

To Correct – Verify typing. The Cost to Charge Ratio cannot be greater than 999%.

Edit – 91007 - Data must be numeric.

To Correct – Verify typing. Alphabetic characters are not valid in the amount field.

System Information

PBL – REF07.PBL

Window – W_REF_CST_CHG_RATIO

Menu – M_BASE_LIST_UPDATE

Data Windows – DW_CST_CHG_RATIO

Special Features

None

Section 17: Peer Group Table Maintenance Window

Introduction

The Peer Group Table Maintenance Menu is the main window of the Reference Peer Group windows. This window provides access to the Peer Group DRG pricing components. This provides access to Peer Group pricing components by clicking on the buttons listed on the window or by clicking on **Options** on the menu bar.

This window is used to access the following windows:

- Capital Cost
- Cost to Charge Ratio
- Marginal Cost Factor
- Medical Education Cost
- Peer Group DRG Rate
- Peer Group Maintenance

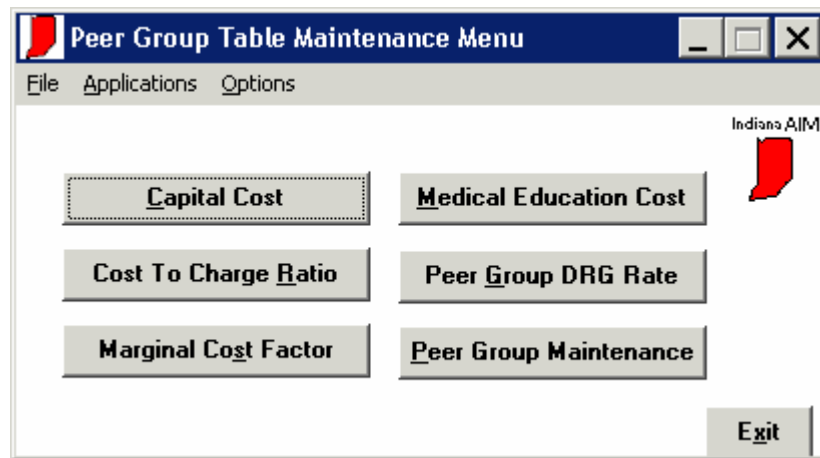


Figure 17.1 – Peer Group Table Maintenance Window

Peer Group Table Maintenance		
File	Applications	Options
Exit	Adhoc Reporting	Capital Cost
Exit IndianaAIM	Claims	Cost to Charge Ratio
	Financial	Marginal Cost Factor
	Managed Care	Medical Education Cost
	MARS	Peer Group DRG Rate
	Prior Authorization	Peer Group Maintenance
	Provider	
	Recipient	
	Reference	
	Security	
	SURS	
	Third Party Liability	

Figure 17.2 – Peer Group Table Maintenance Window Menu Tree

This is the menu tree for the Peer Group Maintenance Menu. All menus are in single-line boxes. The menu titles on this illustration reflect the overall menu commands and window options.

Menu Bar

The menu bar is below the window title bar and contains the heading for the list of commands or window options.

The list of available commands or window options displays in a drop-down box. If a command or window option is faded, the command or window option is not available at this time.

A command or window option is selected by the following methods:

1. Click on the command or window option title.
2. Click on the desired option title and a drop-down box displays. Click the command or press **Alt** plus the underscored letter of the desired command.

Menu Selection: File

This command provides the following options:

Exit – Returns to the Main Menu

Exit IndianaAIM – Exits IndianaAIM

Menu Selection: Applications

These menu options access the following areas in IndianaAIM.

Adhoc Reporting – Click to access the Adhoc Reporting menu

Claims – Click to access the Claims main menu

Financial – Click to access the Financial main menu

Managed Care – Click to access the Managed Care main menu

MARS – Click to access the MARS menu

Prior Authorization – Click to access the PA main menu

Provider – Click to access the Provider main menu

Recipient – Click to access the Recipient Search window

Reference – Click to access the Reference main menu

Security – Click to access the Security main menu

SURS – Click to access the SURS main menu

Third Party Liability – Click to access the TPL main menu

Menu Selection: Options

This menu options allows the user to perform certain functions on the current window.

Capital Cost - Click to access the Peer Group Capital Cost window

Cost to Charge Ratio - Click to access the Peer Group Cost to Charge window

Marginal Cost Factor - Click to access the Peer Group Marginal Cost Factor window

Medical Education Cost - Click to access the Peer Group Medical Education Cost window

Peer Group DRG Rate - Click to access the Peer Group List window

Peer Group Maintenance - Click to access the Peer Group Maintenance window

System Information

PBL – MAIN01.PBL

Window – W_MAIN_MENU

Menu – M_MAIN_MENU

System Features

None

Section 18: Peer Group Capital Cost Window

Introduction

The Peer Group Capital Cost window is used to view or update Peer Group specific Capital Cost rate data. The Peer Group Capital Cost window provides access to peer group specific capital cost rate data used in DRG Pricing methodology. The Peer Group Capital Cost window is accessed from the Peer Group Maintenance Menu by clicking **Capital Cost**.

Peer Group	Effective Date	End Date	Amount
Metropolitan	1994/09/01	1994/09/15	\$1,000.00
Rural	1994/08/01	1994/08/31	\$78.56
Teaching	1994/05/01	1994/07/18	\$31.45
Urban	1994/01/01	1994/04/15	\$555.00

Figure 18.1 – Peer Group Capital Cost Window

Peer Group Capital Cost		
File	Edit	Applications
New	Copy	Adhoc Reporting
Save	Paste	Claims
Print	Cut	Financial
Exit		Managed Care
Audit		MARS
Exit IndianaAIM		Prior Authorization
		Provider
		Recipient
		Reference
		Security
		SURS
		Third Party Liability

Figure 18.2 – Peer Group Capital Cost Window Menu Tree

This is the menu tree for the Peer Group Capital Cost window. All menus are in single-line boxes. The menu titles on this illustration reflect the overall menu commands and window options.

Menu Bar

The menu bar is below the window title bar and contains the heading for the list of commands or window options.

The list of available commands or window options displays in a drop-down box. If a command or window option is faded, the command or window option is not available at this time.

A command or window option is selected by the following methods:

1. Click on the command or window option title.
2. Click on the desired option title and a drop-down box displays. Click the command or press **Alt** plus the underscored letter of the desired command.

Menu Selection: File

This command provides the following options:

New – Allows the user to enter new information on the Peer Group Capital Cost window

Save – Saves the data added to the Peer Group Capital Cost window

Print – Prints a data window, current window, or the entire screen

Exit – Returns to the Main Menu

Audit – Allows the user to view the system changes made to each field

Exit IndianaAIM – Exits IndianaAIM

Menu Selection: Edit

This menu selection allows adjustments to the data typed.

Copy – Copies text to another area or application

Paste – Pastes, cuts, or copies text from another area

Cut – Deletes the text and places it on the clipboard

Menu Selection: Applications

These menu options access the following areas in IndianaAIM.

Adhoc Reporting – Click to access the Adhoc Reporting menu

Claims – Click to access the Claims main menu

Financial – Click to access the Financial main menu

Managed Care – Click to access the Managed Care main menu

MARS – Click to access the MARS menu

Prior Authorization – Click to access the PA main menu

Provider – Click to access the Provider main menu

Recipient – Click to access the Recipient Search window

Reference – Click to access the Reference main menu

Security – Click to access the Security main menu

SURS – Click to access the SURS main menu

Third Party Liability – Click to access the TPL main menu

Field Information

Field Name: Peer Group

Description – Specific classifications of hospitals. Grouping can be metropolitan, rural, teaching, and urban based on state definition.

Format – 30 alphabetic characters. Valid values include the following:

- Metropolitan

- Rural
- Teaching
- Urban

Features – None

Field Name: Effective Date

Description – Date the Peer Group Capital cost becomes effective

Format – CCYYMMDD

Features – None

Edit – 8033 - Effective date is required.

To Correct – Verify typing. Entry is required.

Edit – 8034 - Date range overlaps existing segment.

To Correct – Verify typing. The effective date range must not overlap an existing segment.

Edit – 91001 - Invalid Date CCYYMMDD

To Correct – Verify typing. The date must be in CCYYMMDD format.

Edit – 91002 - Date must be numeric.

To Correct – Verify typing. Date must be numeric character only (0-9).

Edit – 91003 - Date must be numeric.

To Correct – Verify typing. Verify typing. Entry is required.

Edit – 91020 - Date must be greater than effective date.

To Correct – Verify typing. The end date must be after the effective date.

Field Name: End Date

Description – Date the Capital cost amount is no longer effective

Format – CCYYMMDD

Features – None

Edit – 8034 - Date range overlaps existing segment.

To Correct – Verify typing. The effective date range must not overlap an existing segment.

Edit – 91001 - Invalid Date CCYYMMDD

To Correct – Verify typing. The date must be in CCYYMMDD format.

Edit – 91002 - Date must be numeric.

To Correct – Verify typing. Date must be numeric character only (0-9).

Edit – 91003 - Date must be numeric.

To Correct – Verify typing. Verify typing. Entry is required.

Edit – 91020 - Date must be greater than effective date.

To Correct – Verify typing. The end date must be after the effective date.

Field Name: Amount

Description – Additional payment adjustments for new construction or equipment.

Format – Six numeric characters

Features – None

Edit – 8083, Capital cost cannot exceed 9,999.99.

To Correct – Verify typing. The Capital cost cannot exceed 9, 999.99.

Edit – 91007 - Data must be numeric.

To Correct – Verify typing. Alphabetic characters are not valid in the amount field.

System Information

PBL – REF07.PBL

Window – W_REF_PEER_CAPT_COST

Menu – M_BASE_LIST_UPDATE

Data Windows – DW_PEER_CAPT_COST

DW_PEER_GROUP

Special Features

Peer group information is display only.

Capital cost information is updatable.

Information in the Capital Cost data window (right data window) corresponds directly to the peer group selected (highlighted) in the Peer Group data window (left data window). Only the capital cost information for the selected indicator is displayed. To display capital cost information for a different indicator, select the desired peer group either by using the up and down arrow and scrolling to the appropriate indicator or by left-clicking on the appropriate indicator.

Section 19: Peer Group Marginal Cost Factor Window

Introduction

The Peer Group Marginal Cost Factor window is used to view or update Peer Group specific Marginal Cost Factor rate data. The Peer Group Marginal Cost window provides access to peer group specific marginal cost factor rate data used in DRG Pricing methodology. The Peer Group Marginal Cost window is accessed from the Peer Group Maintenance Menu by clicking **Marginal Cost**.

Peer Group	Effective Date	End Date	Cost Factor
Metropolitan	1994/08/01	1994/09/15	10.00
Rural	1994/01/01	1994/07/01	0.95

Figure 19.1 – Peer Group Marginal Cost Factor Window

Peer Group Marginal Cost Factor		
File	Edit	Applications
New	Copy	Adhoc Reporting
Save	Paste	Claims
Print	Cut	Financial
Exit		Managed Care
Audit		MARS
Exit IndianaAIM		Prior Authorization
		Provider
		Recipient
		Reference
		Security
		SURS
		Third Party Liability

Figure 19.2 – Peer Group Marginal Cost Factor Window Menu Tree

This is the menu tree for the Peer Group Marginal Cost Factor window. All menus are in single-line boxes. The menu titles on this illustration reflect the overall menu commands and window options.

Menu Bar

The menu bar is below the window title bar and contains the heading for the list of commands or window options.

The list of available commands or window options displays in a drop-down box. If a command or window option is faded, the command or window option is not available at this time.

A command or window option is selected by the following methods:

1. Click on the command or window option title.
2. Click on the desired option title and a drop-down box displays. Click the command or press **Alt** plus the underscored letter of the desired command.

Menu Selection: File

This command provides the following options:

New – Allows the user to enter new information on the Peer Group Marginal Cost Factor window

Save – Saves the data added to the Peer Group Marginal Cost Factor window

Print – Prints a data window, current window, or the entire screen

Exit – Returns to the Main Menu

Audit – Allows the user to view the system changes made to each field

Exit IndianaAIM – Exits IndianaAIM

Menu Selection: Edit

This menu selection allows adjustments to the data typed.

Copy – Copies text to another area or application

Paste – Pastes, cuts, or copies text from another area

Cut – Deletes the text and places it on the clipboard

Menu Selection: Applications

These menu options access the following areas in IndianaAIM.

Adhoc Reporting – Click to access the Adhoc Reporting menu

Claims – Click to access the Claims main menu

Financial – Click to access the Financial main menu

Managed Care – Click to access the Managed Care main menu

MARS – Click to access the MARS menu

Prior Authorization – Click to access the PA main menu

Provider – Click to access the Provider main menu

Recipient – Click to access the Recipient Search window

Reference – Click to access the Reference main menu

Security – Click to access the Security main menu

SURS – Click to access the SURS main menu

Third Party Liability – Click to access the TPL main menu

Field Information

Field Name: Peer Group

Description – Specific classifications of hospitals. Grouping can be metropolitan, rural, teaching, and urban based on state definition.

Format – 30 alphabetic characters. Valid values include the following:

- Metropolitan

- Rural
- Teaching
- Urban

Features – None

Field Name: Effective Date

Description – Date the marginal cost factor becomes effective

Format – CCYYMMDD

Features – None

Edit – 8033 - Effective date is required.

To Correct – Verify typing. Entry is required.

Edit – 8034 - Date range overlaps existing segment.

To Correct – Verify typing. The effective date range must not overlap an existing segment.

Edit – 91001 - Invalid Date CCYYMMDD

To Correct – Verify typing. The date must be in CCYYMMDD format.

Edit – 91002 - Date must be numeric.

To Correct – Verify typing. Date must be numeric character only (0-9).

Edit – 91003 - Date must be numeric.

To Correct – Verify typing. Verify typing. Entry is required.

Edit – 91020 - Date must be greater than effective date.

To Correct – Verify typing. The end date must be after the effective date.

Field Name: End Date

Description – Date the marginal cost factor is no longer effective

Format – CCYYMMDD

Features – None

Edit – 8034 - Date range overlaps existing segment.

To Correct – Verify typing. The effective date range must not overlap an existing segment.

Edit – 91001 - Invalid Date CCYYMMDD

To Correct – Verify typing. The date must be in CCYYMMDD format.

Edit – 91002 - Date must be numeric.

To Correct – Verify typing. Date must be numeric characters only (0-9).

Edit – 91003 - Date must be numeric.

To Correct – Verify typing. Verify typing. Entry is required.

Edit – 91020 - Date must be greater than effective date.

To Correct – Verify typing. The end date must be after the effective date.

Field Name: Cost Factor

Description – Marginal cost of care beyond the outlier threshold

Format – Five numeric characters

Features – None

Edit – 8078 - Marginal Cost Factor cannot exceed 999.99.

To Correct – Verify typing. The effective date range must not overlap an existing segment.

Edit – 91007 - Data must be numeric.

To Correct – Verify typing. Alphabetic characters are not valid in the amount field.

System Information

PBL – REF07.PBL

Window – W_REF_PEER_COST_FACTOR

Menu – M_BASE_LIST_UPDATE

Data Windows – DW_PEER_MARG_COST_FACT

DW_PEER_GROUP

Special Features

Peer group information is display only.

Cost factor information is updateable.

Information in the Cost Factor Data window (right data window) corresponds directly to the peer group selected (highlighted) in the Peer Group Data window (left data window). Only the cost factor information for the selected indicator is displayed. To display cost factor information for a different indicator select the desired peer group either by using the up and down arrow and scrolling to the appropriate indicator or by left-clicking on the appropriate indicator.

Section 20: Peer Group Cost To Charge Ratio Window

Introduction

The Peer Group Cost To Charge Ratio window is used to view or update Peer Group specific Cost to Charge rate data. The Peer Group Cost to Charge window provides access to peer groups specific Cost to Charge rate data used in DRG Pricing methodology. This window is accessed from the Peer Group Maintenance Menu by clicking **Cost to Charge Ratio**.

Peer Group	Effective Date	End Date	Ratio
Metropolitan	1994/01/01	1995/01/01	120%
Rural			
Teaching			
Urban			

Figure 20.1 – Peer Group Cost To Charge Ratio Window

Peer Group Cost To Ratio		
File	Edit	Applications
New	Copy	Adhoc Reporting
Save	Paste	Claims
Print	Cut	Financial
Exit		Managed Care
Audit		MARS
Exit IndianaAIM		Prior Authorization
		Provider
		Recipient
		Reference
		Security
		SURS
		Third Party Liability

Figure 20.2 – Peer Group Cost To Ratio Window Menu Tree

This is the menu tree for the Peer Group Cost to Charge Ratio window. All menus are in single-line boxes. The menu titles on this illustration reflect the overall menu commands and window options.

Menu Bar

The menu bar is below the window title bar and contains the heading for the list of commands or window options.

The list of available commands or window options displays in a drop-down box. If a command or window option is faded, the command or window option is not available at this time.

A command or window option is selected by the following methods:

1. Click on the command or window option title.
2. Click on the desired option title and a drop-down box displays. Click the command or press **Alt** plus the underscored letter of the desired command.

Menu Selection: File

This command provides the following options:

New – Allows the user to enter new information on the Peer Group Cost to Charge Ratio window

Save – Saves the data added to the Peer Group Cost to Charge Ratio window

Print – Prints a data window, current window, or the entire screen

Exit – Returns to the Main Menu

Audit – Allows the user to view the system changes made to each field

Exit IndianaAIM – Exits IndianaAIM

Menu Selection: Edit

This menu selection allows adjustments to the data typed.

Copy – Copies text to another area or application

Paste – Pastes, cuts, or copies text from another area

Cut – Deletes the text and places it on the clipboard

Menu Selection: Applications

These menu options access the following areas in IndianaAIM.

Adhoc Reporting – Click to access the Adhoc Reporting menu

Claims – Click to access the Claims main menu

Financial – Click to access the Financial main menu

Managed Care – Click to access the Managed Care main menu

MARS – Click to access the MARS menu

Prior Authorization – Click to access the PA main menu

Provider – Click to access the Provider main menu

Recipient – Click to access the Recipient Search window

Reference – Click to access the Reference main menu

Security – Click to access the Security main menu

SURS – Click to access the SURS main menu

Third Party Liability – Click to access the TPL main menu

Field Information

Field Name: Peer Group

Description – Specific classifications of hospitals. Grouping can be metropolitan, rural, teaching, and urban based on state definition.

Format – 30 alphabetic characters. Valid values include the following:

- Metropolitan

- Rural
- Teaching
- Urban

Features – None

Field Name: Effective Date

Description – Date the Peer Group Cost to Charge Ratio becomes effective

Format – CCYYMMDD

Features – None

Edit – 8033 - Effective date is required.

To Correct – Verify typing. Entry is required.

Edit – 8034 - Date range overlaps existing segment.

To Correct – Verify typing. The effective date range must not overlap an existing segment.

Edit – 91001 - Invalid Date CCYYMMDD

To Correct – Verify typing. The date must be in CCYYMMDD format.

Edit – 91002 - Date must be numeric.

To Correct – Verify typing. Date must be numeric character only (0-9).

Edit – 91003 - Date must be numeric.

To Correct – Verify typing. Verify typing. Entry is required.

Edit – 91020 - Date must be greater than effective date.

To Correct – Verify typing. The end date must be after the effective date.

Field Name: End Date

Description – Date the Peer Group Cost to Charge Ratio is no longer effective

Format – CCYYMMDD

Features – None

Edit – 8034 - Date range overlaps existing segment.

To Correct – Verify typing. The effective date range must not overlap an existing segment.

Edit – 91001 - Invalid Date CCYYMMDD

To Correct – Verify typing. The date must be in CCYYMMDD format.

Edit – 91002 - Date must be numeric.

To Correct – Verify typing. Date must be numeric character only (0-9).

Edit – 91003 - Date must be numeric.

To Correct – Verify typing. Verify typing. Entry is required.

Edit – 91020 - Date must be greater than effective date.

To Correct – Verify typing. The end date must be after the effective date.

Field Name: Ratio

Description – Marginal cost of care beyond the outlier threshold

Format – Six numeric characters

Features – None

Edit – 8078 - Marginal Cost Factor cannot exceed 9,999.99.

To Correct – Verify typing. The effective date range must not overlap an existing segment.

Edit – 91007 - Data must be numeric.

To Correct – Verify typing. Alphabetic characters are not valid in the amount field.

System Information

PBL – REF07.PBL

Window – W_REF_PEER_COST_CHARGES

Menu – M_BASE_LIST_UPDATE

Data Windows – DW_PEER_CST_CHG_RATIO

DW_PEER_GROUP

Special Features

Peer group information is display only.

Cost to Charge information is updateable.

Information in the Cost to Charge data window (right data window) corresponds directly to the peer group selected (highlighted) in the Peer Group data window (left data window). Only the cost to charge information for the selected indicator is displayed. To display cost to charge information for a different indicator select the desired peer group either by using the up and down arrow and scrolling to the appropriate indicator or by left-clicking on the appropriate indicator.

Section 21: Peer Group Medical Education Cost Window

Introduction

The Peer Group Medical Education Cost window is used to view or update Peer Group specific Medical Education rate data. The Peer Group Medical Education Cost window provides access to peer group specific medical education rate data used in DRG Pricing methodology. This window is accessed from the Peer Group Maintenance Menu by clicking **Medical Education Cost**.

Peer Group	Effective Date	End Date	Amount
Metropolitan	1993/06/01	1993/07/15	\$423.00
Rural	1993/01/01	1993/05/01	\$250.00
Teaching			
Urban			

Figure 21.1 – Peer Group Medical Education Cost Window

Peer Group Medical Education Cost		
File	Edit	Applications
New	Copy	Adhoc Reporting
Select	Paste	Claims
Print	Cut	Financial
Exit		Managed Care
Exit IndianaAIM		MARS
		Prior Authorization
		Provider
		Recipient
		Reference
		Security
		SURS
		Third Party Liability

Figure 21.2 – Peer Group Medical Education Cost Window Menu Tree

This is the menu tree for the Peer Group Medical Education Cost window. All menus are in single-line boxes. The menu titles on this illustration reflect the overall menu commands and window options.

Menu Bar

The menu bar is below the window title bar and contains the heading for the list of commands or window options.

The list of available commands or window options displays in a drop-down box. If a command or window option is faded, the command or window option is not available at this time.

A command or window option is selected by the following methods:

1. Click on the command or window option title.
2. Click on the desired option title and a drop-down box displays. Click the command or press **Alt** plus the underscored letter of the desired command.

Menu Selection: File

This command provides the following options:

New – Updates Peer Group Medical Education add-on rate data on the Peer Group Medical Education window

Select – Selects a specific DRG Code for updating purposes

Print – Prints a data window, current window, or the entire screen

Exit – Returns to the Main Menu

Exit IndianaAIM – Exits IndianaAIM

Menu Selection: Applications

These menu options access the following areas in IndianaAIM.

Adhoc Reporting – Click to access the Adhoc Reporting menu

Claims – Click to access the Claims main menu

Financial – Click to access the Financial main menu

Managed Care – Click to access the Managed Care main menu

MARS – Click to access the MARS menu

Prior Authorization – Click to access the PA main menu

Provider – Click to access the Provider main menu

Recipient – Click to access the Recipient Search window

Reference – Click to access the Reference main menu

Security – Click to access the Security main menu

SURS – Click to access the SURS main menu

Third Party Liability – Click to access the TPL main menu

Field Information

Field Name: Peer Group

Description – Specific classifications of hospitals. Grouping can be metropolitan, rural, teaching, and urban based on state definition.

Format – 30 alphabetic characters. Valid values include the following:

- Metropolitan
- Rural
- Teaching
- Urban

Features – None

Field Name: Effective Date

Description – Date the Medical Education Cost amount becomes effective

Format – CCYYMMDD

Features – None

Edit – 8033 - Effective date is required.

To Correct – Verify typing. Entry is required.

Edit – 8034 - Date range overlaps existing segment.

To Correct – Verify typing. The effective date range must not overlap an existing segment.

Edit – 91001 - Invalid Date CCYYMMDD

To Correct – Verify typing. The date must be in CCYYMMDD format.

Edit – 91002 - Date must be numeric.

To Correct – Verify typing. Date must be numeric character only (0-9).

Edit – 91003 - Date must be numeric.

To Correct – Verify typing. Verify typing. Entry is required.

Edit – 91020 - Date must be greater than effective date.

To Correct – Verify typing. The end date must be after the effective date.

Field Name: End Date

Description – Date the Medical Education Cost amount is no longer effective

Format – CCYYMMDD

Features – None

Edit – 8034 - Date range overlaps existing segment.

To Correct – Verify typing. The effective date range must not overlap an existing segment.

Edit – 91001 - Invalid Date CCYYMMDD

To Correct – Verify typing. The date must be in CCYYMMDD format.

Edit – 91002 - Date must be numeric.

To Correct – Verify typing. Date must be numeric character only (0-9).

Edit – 91003 - Date must be numeric.

To Correct – Verify typing. Verify typing. Entry is required.

Edit – 91020 - Date must be greater than effective date.

To Correct – Verify typing. The end date must be after the effective date.

Field Name: Amount

Description – Cost incurred by a teaching hospital for training physicians, nurses, and other health care professionals

Format – Six numeric characters

Features – None

Edit – 8083 - Capital cost cannot exceed 9,999.99.

To Correct – Verify typing. The Capital cost cannot exceed 9, 999.99.

Edit – 91007 - Data must be numeric

To Correct – Verify typing. Alphabetic characters are not valid in the amount field.

System Information

PBL – REF07.PBL

Window – W_REF_PEER_MED_EDU_COST

Menu – M_BASE_LIST_UPDATE

Data Windows – DW_PEER_MED_EDUC_COST

DW_PEER_GROUP

Special Features

Peer group information is display only.

Education cost information is update able.

Information in the Education Cost data window (right data window) corresponds directly to the peer group selected (highlighted) in the Peer Group data window (left data window). Only the education cost information for the selected indicator is displayed. To display education cost information for a different indicator select the desired peer group either by using the up and down arrow and scrolling to the appropriate indicator or by left-clicking on the appropriate indicator.

Section 22: Peer Group Maintenance Window

Introduction

The Peer Group Maintenance window is used to view or update all peer group categories used in the DRG pricing methodology. This window is accessed from the Peer Group Maintenance Menu by clicking **Peer Group Maintenance**.

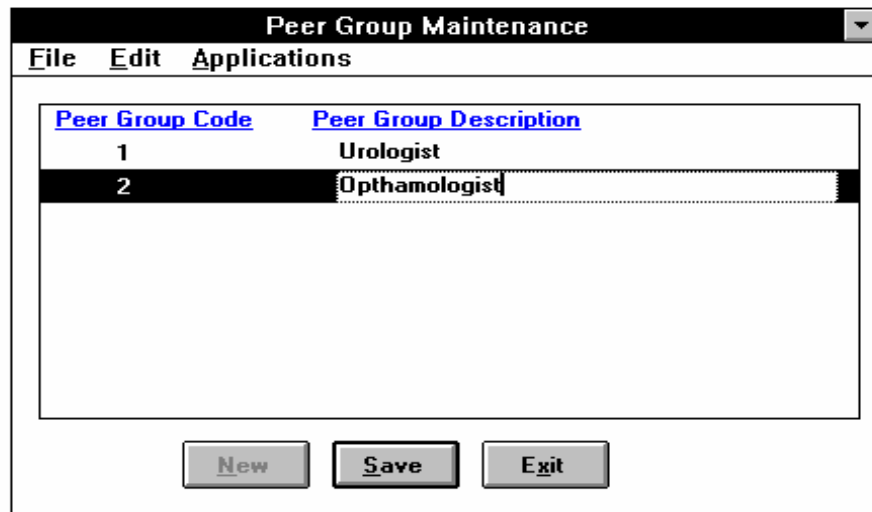


Figure 22.1 – Peer Group Maintenance Window

Peer Group Maintenance		
File	Edit	Applications
New	Copy	Adhoc Reporting
Select	Paste	Claims
Print	Cut	Financial
Exit		Managed Care
Exit IndianaAIM		MARS
		Prior Authorization
		Provider
		Recipient
		Reference
		Security
		SURS
		Third Party Liability

Figure 22.2 – Peer Group Maintenance Window Menu Tree

This is the menu tree for the Peer Group Maintenance Cost window. All menus are in single-line boxes. The menu titles on this illustration reflect the overall menu commands and window options.

Menu Bar

The menu bar is below the window title bar and contains the heading for the list of commands or window options.

The list of available commands or window options displays in a drop-down box. If a command or window option is faded, the command or window option is not available at this time.

A command or window option is selected by the following methods:

1. Click on the command or window option title.
2. Click on the desired option title and a drop-down box displays. Click the command or press **Alt** plus the underscored letter of the desired command.

Menu Selection: File

This command provides the following options:

New – Updates Peer Group Medical Education add-on rate data on the Peer Group Medical Education window

Select – Selects a specific DRG Code for updating purposes

Print – Prints a data window, current window, or the entire screen

Exit – Returns to the Main Menu

Exit IndianaAIM – Exits IndianaAIM

Menu Selection: Edit

This menu selection allows adjustments to the data typed.

Copy – Copies text to another area or application

Paste – Pastes, cuts, or copies text from another area

Cut – Deletes the text and places it on the clipboard

Menu Selection: Applications

These menu options access the following areas in IndianaAIM.

Adhoc Reporting – Click to access the Adhoc Reporting menu

Claims – Click to access the Claims main menu

Financial – Click to access the Financial main menu

Managed Care – Click to access the Managed Care main menu

MARS – Click to access the MARS menu

Prior Authorization – Click to access the PA main menu

Provider – Click to access the Provider main menu

Recipient – Click to access the Recipient Search window

Reference – Click to access the Reference main menu

Security – Click to access the Security main menu

SURS – Click to access the SURS main menu

Third Party Liability – Click to access the TPL main menu

Field Information

Field Name: Peer Group Code

Description – Code indicating the Peer group category

Format – One numeric character. Valid values include the following:

- Metropolitan
- Rural

- Teaching
- Urban

Features – None

Edits – None

To Correct – N/a

Field Name: Peer Group Description

Description – Description of Peer Group

Format – 30 alphabetic characters

Features – None

Edits – None

To Correct – N/a

System Information

PBL – REF07.PBL

Window – W_REF_PEER_MAINT

Menu – M_BASE_LIST_UPDATE

Data Windows – DW_PEER_MAINT

Special Features

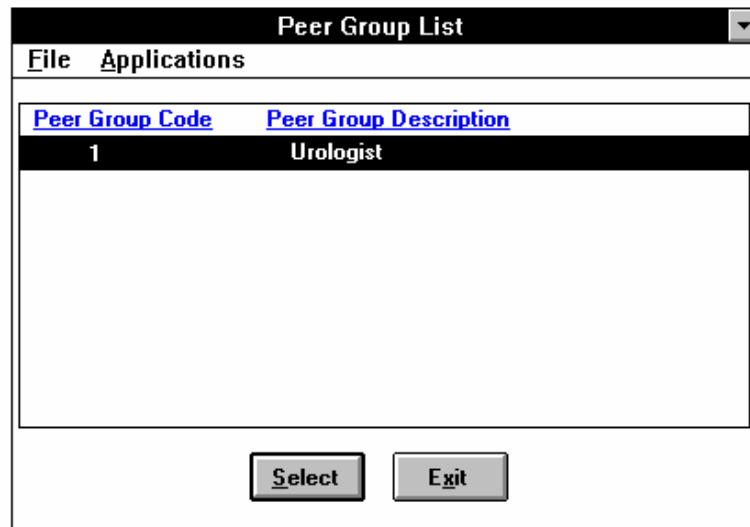
None

Section 23: Peer Group List Window

Introduction

The Peer Group List window is used to identify the peer groups used for DRG pricing. The Peer Group List is accessed from the Peer Group Maintenance window by clicking **Peer Group DRG Rate**.

Figure 23.1 – Peer Group List Window



Peer Group List	
File	Applications
New	Adhoc Reporting
Select	Claims
Print	Financial
Exit	Managed Care
Exit IndianaAIM	MARS
	Prior Authorization
	Provider
	Recipient
	Reference
	Security
	SURS
	Third Party Liability

Figure 23.2 – Peer Group List Window Menu Tree

This is the menu tree for the Peer Group List window. All menus are in single-line boxes. The menu titles on this illustration reflect the overall menu commands and window options.

Menu Bar

The menu bar is below the window title bar and contains the heading for the list of commands or window options.

The list of available commands or window options displays in a drop-down box. If a command or window option is faded, the command or window option is not available at this time.

A command or window option is selected by the following methods:

1. Click on the command or window option title.
2. Click on the desired option title and a drop-down box displays. Click the command or press **Alt** plus the underscored letter of the desired command.

Menu Selection: File

This command provides the following options:

New – Updates Peer Group Medical Education add-on rate data on the Peer Group Medical Education window

Select – Selects a specific DRG Code for updating purposes

Print – Prints a data window, current window, or the entire screen

Exit – Returns to the Main Menu

Exit IndianaAIM – Exits IndianaAIM

Menu Selection: Edit

This menu selection allows adjustments to the data typed.

Copy – Copies text to another area or application

Paste – Pastes, cuts, or copies text from another area

Cut – Deletes the text and places it on the clipboard

Menu Selection: Applications

These menu options access the following areas in IndianaAIM.

Adhoc Reporting – Click to access the Adhoc Reporting menu

Claims – Click to access the Claims main menu

Financial – Click to access the Financial main menu

Managed Care – Click to access the Managed Care main menu

MARS – Click to access the MARS menu

Prior Authorization – Click to access the PA main menu

Provider – Click to access the Provider main menu

Recipient – Click to access the Recipient Search window

Reference – Click to access the Reference main menu

Security – Click to access the Security main menu

SURS – Click to access the SURS main menu

Third Party Liability – Click to access the TPL main menu

Field Information

Field Name: Peer Group Code

Description – Code indicating the Peer group category

Format – One numeric character. Valid values include the following:

- Metropolitan
- Rural

- Teaching
- Urban

Features – None

Edits – None

To Correct – N/a

Field Name: Peer Group Description

Description – Description of Peer Group

Format – 30 alphabetic characters

Features – None

Edits – None

To Correct – N/a

System Information

PBL – REF07.PBL

Window – W_REF_PEER_LIST

Menu – M_BASE_LIST_UPDATE

Data Windows – DW_PEER_MAINT

Special Features

Selection list

Section 24: Peer Group DRG Rate Window

Introduction

The Peer Group DRG Rate window is used to view all peer group DRG rate categories used in DRG pricing methodology. This window is accessed from the Peer Group List Selection window. Select or click on a selected line to access the window.

The screenshot shows a window titled "Peer Group DRG Rate" with a menu bar containing "File", "Edit", "Applications", and "Options". Below the menu bar, there are two input fields: "Peer Group:" with the value "1" and "DRG:" with the value "0", followed by a "Search" button. The main area of the window contains a table with the following data:

DRG Code	Effective Date	End Date	Base Rate
37	19900101	19930202	300
303	19900101	19930202	3600

At the bottom of the window, there are three buttons: "New", "Select", and "Exit".

Figure 24.1 – Peer Group DRG Rate Window

Peer Group DRG Rate			
File	Edit	Applications	Options
New	Copy	Adhoc Reporting	Search
Select	Paste	Claims	Reset Limits
Print	Cut	Financial	
Exit		Managed Care	
Exit IndianaAIM		MARS	
		Prior Authorization	
		Provider	
		Recipient	
		Reference	
		Security	
		SURS	
		Third Party Liability	

Figure 24.2 – Peer Group DRG Rate Window Menu Tree

This is the menu tree for the Peer Group DRG Rate window. All menus are in single-line boxes. The menu titles on this illustration reflect the overall menu commands and window options.

Menu Bar

The menu bar is below the window title bar and contains the heading for the list of commands or window options.

The list of available commands or window options displays in a drop-down box. If a command or window option is faded, the command or window option is not available at this time.

A command or window option is selected by the following methods:

1. Click on the command or window option title.
2. Click on the desired option title and a drop-down box displays. Click the command or press **Alt** plus the underscored letter of the desired command.

Menu Selection: File

This command provides the following options:

New – Updates Peer Group Medical Education add-on rate data on the Peer Group Medical Education window

Select – Selects a specific DRG Code for updating purposes

Print – Prints a data window, current window, or the entire screen

Exit – Returns to the Main Menu

Exit IndianaAIM – Exits IndianaAIM

Menu Selection: Edit

This menu selection allows adjustments to the data typed.

Copy – Copies text to another area or application

Paste – Pastes, cuts, or copies text from another area

Cut – Deletes the text and places it on the clipboard

Menu Selection: Applications

These menu options access the following areas in IndianaAIM.

Adhoc Reporting – Click to access the Adhoc Reporting menu

Claims – Click to access the Claims main menu

Financial – Click to access the Financial main menu

Managed Care – Click to access the Managed Care main menu

MARS – Click to access the MARS menu

Prior Authorization – Click to access the PA main menu

Provider – Click to access the Provider main menu

Recipient – Click to access the Recipient Search window

Reference – Click to access the Reference main menu

Security – Click to access the Security main menu

SURS – Click to access the SURS main menu

Third Party Liability – Click to access the TPL main menu

Menu Selection: Options

This menu options allows the user to perform certain functions on the current window.

Search – Click on Search to select a specific provider specialty This menu selection allows adjustments to the data typed.

Field Information

Field Name: Peer Group Code

Description – Code indicating the peer group category

Format – One numeric character. Valid values include the following:

- Metropolitan
- Rural
- Teaching
- Urban

Features – None

Edits – None

To Correct – N/a

Field Name: DRG

Description – DRG code for selection

Format – Three numeric characters

Features – Searches entire Peer Group DRG List

Edit – 91024 - No Match.

To Correct – Verify typing. DRG must be a valid DRG on the DRG table.

Edit – 91032 - DRG may be zero.

To Correct – Verify typing. DRG must be greater than 000. Check DRG Rate window for a listing of all valid DRGs.

Field Name: DRG Code

Description – Code identifying one of the 617 classifications of diagnoses in which patients demonstrates similar resource consumption and length-of-stay patterns

Format – Three numeric characters

Features – None

Edits – None

To Correct – N/a

Field Name: Effective Date

Description – Effective date of the Peer Group DRG Base Rate

Format – CCYYMMDD

Features – Protected, display only

Edits – None

To Correct – N/a

Field Name: End Date

Description – End date of the Peer Group DRG Rate

Format – CCYYMMDD

Features – Protected, display only

Edits – None

To Correct – N/a

Field Name: Base Rate

Description – Peer Group Base rate on file for a specific date segment

Format – Seven numeric characters

Features – Protected, display only

Edits – None

To Correct – N/a

System Information

PBL – REF07.PBL

Window – W_REF_PEER_DRG_RATE

Menu – M_BASE_LIST_SEARCH

Data Windows – DW_PEER_DRG_RATE

DW_PEER_HEADER

DW_PR_DRG_SEARCH

Special Features

List can be searched by DRG.

Double-click on detail or highlight and click **Select** to maintain a detail.

Section 25: DRG Rate Maintenance Window

Introduction

The Peer Group DRG Rate Maintenance window is used to update Peer Group specific DRG rate information. This window is accessed from the Peer Group DRG Rate window, by clicking **New**.

Figure 25.1 – DRG Rate Maintenance Window

The screenshot shows a window titled "DRG Rate Maintenance" with a menu bar containing "File", "Edit", and "Applications". The main area contains several labeled text boxes:

- DRG Code: 0001
- Effective Date: 1995/07/31
- End Date: 19960730
- Base Rate: 2523.57
- DRG Weight: 5.8954
- Mean LOS: 14

At the bottom of the window are three buttons: "Save", "Delete", and "Exit".

DRG Rate Maintenance		
File	Edit	Applications
New	Copy	Adhoc Reporting
Select	Paste	Claims
Print	Cut	Financial
Exit		Managed Care
Exit IndianaAIM		MARS
		Prior Authorization
		Provider
		Recipient
		Reference
		Security
		SURS
		Third Party Liability

Figure 25.2 – DRG Rate Maintenance Window Menu Tree

This is the menu tree for the Peer Group DRG Rate Maintenance. All menus are in single-line boxes. The menu titles on this illustration reflect the overall menu commands and window options.

Menu Bar

The menu bar is below the window title bar and contains the heading for the list of commands or window options.

The list of available commands or window options displays in a drop-down box. If a command or window option is faded, the command or window option is not available at this time.

A command or window option is selected by the following methods:

1. Click on the command or window option title.
2. Click on the desired option title and a drop-down box displays. Click the command or press **Alt** plus the underscored letter of the desired command.

Menu Selection: File

This command provides the following options:

New – Updates Peer Group Medical Education add-on rate data on the Peer Group Medical Education window

Select – Selects a specific DRG Code for updating purposes

Print – Prints a data window, current window, or the entire screen.

Exit – Returns to the Main Menu

Exit IndianaAIM – Exits IndianaAIM

Menu Selection: Edit

This menu selection allows adjustments to the data typed.

Copy – Copies text to another area or application

Paste – Pastes, cuts, or copies text from another area

Cut – Deletes the text and places it on the clipboard

Menu Selection: Applications

These menu options access the following areas in IndianaAIM.

Adhoc Reporting – Click to access the Adhoc Reporting menu

Claims – Click to access the Claims main menu

Financial – Click to access the Financial main menu

Managed Care – Click to access the Managed Care main menu

MARS – Click to access the MARS menu

Prior Authorization – Click to access the PA main menu

Provider – Click to access the Provider main menu

Recipient – Click to access the Recipient Search window

Reference – Click to access the Reference main menu

Security – Click to access the Security main menu

SURS – Click to access the SURS main menu

Third Party Liability – Click to access the TPL main menu

Field Information

Field Name: DRG Code

Description – Code identifying one of the 617 classifications of diagnoses in which patients demonstrates similar resource consumption and length-of-stay patterns

Format – Three numeric characters

Features – None

Edit – 91007 - Data must be numeric.

To Correct – Verify typing. DRG code is a numeric field.

Edit – 91037 - Field is required.

To Correct – Verify typing. DRG code must be a valid DRG from the table.

Edit – 91052 - DRG code is invalid.

To Correct – Verify typing. DRG code must be a valid DRG from the table.

Field Name: Effective Date

Description – Effective date of Peer Group DRG base Rate

Format – CCYYMMDD

Features – None

Edit – 8012 - End date must be on or after the effective date.

To Correct – Verify typing. The effective date must be sequentially before the end date.

Edit – 8033 - Effective date is required.

To Correct – Verify typing. Entry is required.

Edit – 8141 - DRG is already active for entered dates.

To Correct – Verify typing. The DRG is active for the same date entered.

Edit – 91001 - Invalid Date CCYYMMDD

To Correct – Verify typing. The date must be in CCYYMMDD format.

Edit – 91002 - Date must be numeric.

To Correct – Verify typing. Date must be numeric character only (0-9).

Edit – 91003 - Date must be numeric.

To Correct – Verify typing. Verify typing. Entry is required.

Field Name: End Date

Description – Date the Peer Group DRG base rate is no longer valid for claims processing

Format – CCYYMMDD

Features – None

Edit – 8012 - End date must be on or after the effective date.

To Correct – Verify typing. The effective date must be sequentially before the end date.

Edit – 8141 - DRG is already active for entered dates.

To Correct – Verify typing. The DRG is active for the same date entered.

Edit – 91001 - Invalid Date CCYYMMDD

To Correct – Verify typing. The date must be in CCYYMMDD format.

Edit – 91002 - Date must be numeric.

To Correct – Verify typing. Date must be numeric character only (0-9).

Edit – 91003 - Date must be numeric.

To Correct – Verify typing. Verify typing. Entry is required.

Field Name: Base Rate

Description – Pricing factor that is based on peer group

Format – Seven numeric characters.

Features – None

Edit – 8079 - Cannot exceed 99,999.99.

To Correct – Verify typing. The Base rate cannot be greater than 99, 999.99.

Edit – 8132 - May not be a negative amount.

To Correct – Verify typing. The base rate cannot be a negative amount.

Edit – 91007 - Data must be numeric.

To Correct – Verify typing. Alphabetic characters are not valid in the amount field.

System Information

PBL – REF07.PBL

Window – W_REF_PEER_DRG_RATE_MAINT

Menu – M_BASE_MAINT_SIMPLE

Data Windows – DW_PEER_DRG_RATE_MAINT

Special Features

None

Section 26: Medical Education Cost Window

Introduction

The Medical Education Cost window is used to view or update Medical Education rate data. The Medical Education Cost window provides access to medical education rate data used in DRG Pricing methodology. This window is accessed from the Reference Table Maintenance Menu by clicking **Medical Education Cost**.

The screenshot shows a window titled "Medical Education Cost" with a menu bar containing "File", "Edit", and "Applications". Below the menu bar is a table with three columns: "Effective Date", "End Date", and "Amount". The table contains eight rows of data. At the bottom of the window are three buttons: "New", "Save", and "Exit".

Effective Date	End Date	Amount
1995/01/01	1995/12/31	\$0.00
1994/05/01	1994/12/31	\$0.54
1994/04/01	1994/04/31	\$10.50
1994/02/30	1994/03/12	\$1.45
1994/01/01	1994/02/01	\$423.71
1993/10/05	1993/10/31	\$15.45
1993/09/01	1993/09/31	\$2.30
1993/08/01	1993/08/31	\$45.00

Figure 26.1 – Medical Education Cost Window

Medical Education Cost		
File	Edit	Applications
New	Copy	Adhoc Reporting
Select	Paste	Claims
Print	Cut	Financial
Exit		Managed Care
Exit IndianaAIM		MARS
		Prior Authorization
		Provider
		Recipient
		Reference
		Security
		SURS
		Third Party Liability

Figure 26.2 – Medical Education Cost Window Menu Tree

This is the menu tree for the Medical Education Cost window. All menus are in single-line boxes. The menu titles on this illustration reflect the overall menu commands and window options.

Menu Bar

The menu bar is below the window title bar and contains the heading for the list of commands or window options.

The list of available commands or window options displays in a drop-down box. If a command or window option is faded, the command or window option is not available at this time.

A command or window option is selected by the following methods:

1. Click on the command or window option title.
2. Click on the desired option title and a drop-down box displays. Click the command or press **Alt** plus the underscored letter of the desired command.

Menu Selection: File

This command provides the following options:

New – Updates Peer Group Medical Education add-on rate data on the Peer Group Medical Education window

Select – Selects a specific DRG Code for updating purposes

Print – Prints a data window, current window, or the entire screen

Exit – Returns to the Main Menu

Exit IndianaAIM – Exits IndianaAIM

Menu Selection: Edit

This menu selection allows adjustments to the data typed.

Copy – Copies text to another area or application

Paste – Pastes, cuts, or copies text from another area

Cut – Deletes the text and places it on the clipboard

Menu Selection: Applications

These menu options access the following areas in IndianaAIM.

Adhoc Reporting – Click to access the Adhoc Reporting menu

Claims – Click to access the Claims main menu

Financial – Click to access the Financial main menu

Managed Care – Click to access the Managed Care main menu

MARS – Click to access the MARS menu

Prior Authorization – Click to access the PA main menu

Provider – Click to access the Provider main menu

Recipient – Click to access the Recipient Search window

Reference – Click to access the Reference main menu

Security – Click to access the Security main menu

SURS – Click to access the SURS main menu

Third Party Liability – Click to access the TPL main menu

Field Information

Field Name: Effective Date

Description – Date the Medical Education Cost amount becomes effective

Format – CCYYMMDD

Features – None

Edit – 8033 - Effective date is required.

To Correct – Verify typing. Entry is required.

Edit – 8034 - Date range overlaps existing segment.

To Correct – Verify typing. The effective date range must not overlap an existing segment.

Edit – 91001 - Invalid Date CCYYMMDD

To Correct – Verify typing. The date must be in CCYYMMDD format.

Edit – 91002 - Date must be numeric.

To Correct – Verify typing. Date must be numeric character only (0-9).

Edit – 91003 - Date must be numeric.

To Correct – Verify typing. Verify typing. Entry is required.

Edit – 91020 - Date must be greater than effective date.

To Correct – Verify typing. The end date must be after the effective date.

Field Name: End Date

Description – Date the Medical Education Cost amount is no longer effective

Format – CCYYMMDD

Features – None

Edit – 8034 - Date range overlaps existing segment.

To Correct – Verify typing. The effective date range must not overlap an existing segment.

Edit – 91001 - Invalid Date CCYYMMDD

To Correct – Verify typing. The date must be in CCYYMMDD format.

Edit – 91002 - Date must be numeric.

To Correct – Verify typing. Date must be numeric character only (0-9).

Edit – 91003 - Date must be numeric.

To Correct – Verify typing. Verify typing. Entry is required.

Edit – 91020 - Date must be greater than effective date.

To Correct – Verify typing. The end date must be after the effective date.

Field Name: Amount

Description – Cost incurred by a teaching hospital for training physicians, nurses, and other health care professionals

Format – Six numeric characters

Features – None

Edit – 8083, Medical education cost cannot exceed 9,999.99.

To Correct – Verify typing. The medical education cost cannot exceed 9, 999.99.

Edit – 91007 - Data must be numeric.

To Correct – Verify typing. Alphabetic characters are not valid in the amount field.

System Information

PBL – REF07.PBL

Window – W_REF_EDUCATION_COST

Menu – M_BASE_LIST_UPDATE

Data Windows – DW_EDUCATION_COST

Special Features

None

Section 27: Estimated Acquisition Cost Percentages Window

Introduction

The Estimated Acquisition Cost Percentages window is used in the calculation of an allowable amount for pharmacy claims.

The Estimated Acquisition Cost Percentages window is accessed from the Main Menu by clicking **Reference**, then clicking **Table Maintenance**. From the Reference Table Maintenance Menu, click **EAC Percentages**. The Estimated Acquisition Cost Percentages window appears.

Drug Class	Drug Prod	Drug Source	Drug Innov	Effective Date	End Date	Percent
Federal Legend	Branded	Multiple	Yes	2002/05/01	2299/12/31	86.50%
Federal Legend				2001/08/01	2002/04/30	90.00%
Federal Legend			No	1989/11/13	2001/07/31	90.00%
Federal Legend			Yes	1900/01/01	1989/11/12	97.00%
Federal Legend		Multiple	No	2002/05/01	2299/12/31	80.00%
Federal Legend		Multiple	Yes	2002/05/01	2299/12/31	86.50%
Federal Legend		Single		2002/05/01	2299/12/31	86.50%
Over The Counter				1900/01/01	2299/12/31	150.00%

New Save Exit

Figure 27.1 – Estimated Acquisition Cost Percentages Window

Estimated Acquisition Cost Percentages		
File	Edit	Applications
New	Copy	Adhoc Reporting
Save	Paste	Claims
Print	Cut	Financial
Exit		Managed Care
Audit		MARS
Exit IndianaAIM		Prior Authorization
		Provider
		Recipient
		Reference
		Security
		SURS
		Third Party Liability

Figure 27.2 – Estimated Acquisition Cost Percentages Window Menu Tree

This is the menu tree for the Estimated Acquisition Cost Percentages window. All menus are in single-line boxes. The menu titles on this illustration reflect the overall menu commands and window options.

Menu Bar

The menu bar is below the window title bar and contains the heading for the list of commands or window options.

The list of available commands or window options displays in a drop-down box. If a command or window option is faded, the command or window option is not available at this time.

A command or window option is selected by the following methods:

1. Click the command or window option title.
2. Click on the desired option title and a drop-down box displays. Click the command or press **Alt** plus the underscored letter of the desired command.

Menu Selection: File

This menu selection provides the following options.

New – Allows the user to create new criteria

Save – Saves the updated information

Print – Prints a data window, the current window, or the entire screen

Exit – Exits the window and returns to a previous window

Audit – Allows the user to view the system changes made to each individual window

Exit IndianaAIM – Exits IndianaAIM

Menu Selection: Edit

This menu command allows the user to modify data entered.

Copy – Copies text for transfer to another area

Paste – Pastes text that was cut or copied from another area

Cut – Deletes the text and places it on the clipboard

Menu Selection: Applications

These menu options access the following areas in IndianaAIM.

Adhoc Reporting – Click to access the Adhoc Reporting menu

Claims – Click to access the Claims main menu

Financial – Click to access the Financial main menu

Managed Care – Click to access the Managed Care main menu

MARS – Click to access the MARS menu

Prior Authorization – Click to access the PA main menu

Provider – Click to access the Provider main menu

Recipient – Click to access the Recipient Search window

Reference – Click to access the Reference main menu

Security – Inactive

SURS – Click to access the SURS main menu

Third Party Liability – Click to access the TPL main menu

Field Information

Field Name: Drug Class

Description – Classifies a drug according to its availability to the consumer per federal specification

Format – 18 alphanumeric characters

Features – Drop-down list to select valid values from system table

Edit – Please select a Drug Class

To Correct – Use drop-down list to select a drug class

Field Name: Drug Prod

Description – Distinguishes a product as either a generic drug product or as the more expensive branded drug products

Format – Seven alphanumeric characters

Features – Drop-down list to select valid values from system table

Edits – None

To Correct – N/a

Field Name: Drug Source

Description – Differentiates single source from multiple source drugs

Format – Eight alphanumeric characters

Features – Drop-down list to select valid values from system table

Edits – None

To Correct – N/a

Field Name: Drug Innov

Description – Identifies the original innovator product for a particular generic code number

Format – Three alphanumeric characters

Features – Drop-down list to select valid values from system table

Edits – None

To Correct – N/a

Field Name: Effective Date

Description – Date the specific record criterion becomes effective for processing claims using the date dispensed

Format – CCYYMMDD, eight numeric characters

Features – None

Edit – 91001 - Invalid Date (CCYYMMDD)!

To Correct – Verify typing. The date must be in CCYYMMDD format.

Edit – 91002 - Date must be numeric!

To Correct – Verify typing. The end date cannot be less than the Date Effective.

Edit – 91003 - Date is required

To Correct – Verify typing

Field Name: End Date

Description – Date the specific record criterion is no longer in effect for processing claims using the date dispensed

Format – CCYYMMDD, eight numeric characters

Features – Defaults to 2299/12/31 if unspecified

Edit – 91001 - Invalid Date (CCYYMMDD)!

To Correct – Verify typing. The date must be in CCYYMMDD format.

Edit – 91020 - End Date must be \geq Effective Date

To Correct – Verify typing. The end date cannot be less than the Date Effective.

Edit – 91002 - Date must be numeric!

To Correct – Verify typing

Edit – 91003 - Date is required

To Correct – Verify typing

Field Name: Percent

Description – Percentage applied to the AWP rate to calculate a price

Format – Four numeric characters

Features – Defaults to 0.00% if unspecified

Edit – Please enter the percentage value

To Correct – Verify typing and enter a percentage

Edit – 8078 - EAC percentage cannot exceed 999.9

To Correct – Verify typing.

Edit – 91007 - EAC Date must be numeric!

To Correct – Verify typing.

Other Messages

8004, No changes keyed

Save Successful

Save Unsuccessful

Do you want to save changes?

Continue without saving?

System Information

PBL – REF01.PBL

Window – W_REF_EAC

Menu – M_BASE_LIST_UPDATE

Data Windows – DW_EAC

System Features

Click **New** to open a new window and update.

Click **Save** to save the changes made to the window.

Click **Exit** to close this window and prompt the user to save any changes that were made.

Section 28: Pharmacy TPL Edits Window

Introduction

The Pharmacy TPL Edits windows are used to view and add TPL edits applicable to pharmacy claims.

The Pharmacy TPL Edits window is accessed from the Main Menu by clicking **Reference**, and then clicking **Table Maintenance**. From the Reference Table Maintenance Menu, click **Pharmacy TPL Edits**. The Pharmacy TPL Edits window appears.

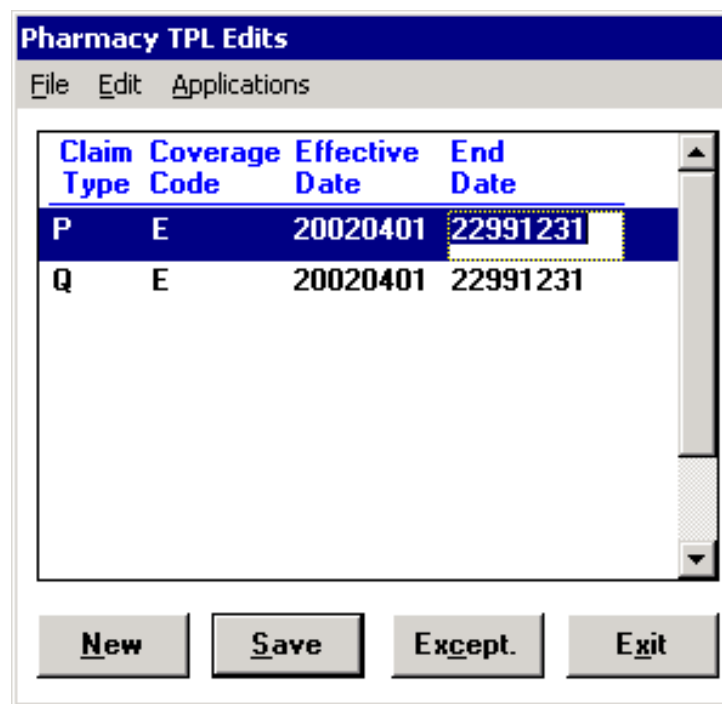


Figure 28.1 – Pharmacy TPL Edits Window

Pharmacy TPL Edits		
File	Edit	Applications
New	Copy	Adhoc Reporting
Save	Paste	Claims
Delete	Cut	Financial
Print		Managed Care
Exit		MARS
Audit		Prior Authorization
Exit IndianaAIM		Provider
		Recipient
		Reference
		Security
		SURS
		Third Party Liability

Figure 28.2 – Pharmacy TPL Edits Window Menu Tree

This is the menu tree for the Pharmacy TPL Edits window. All menus are in single-line boxes. The menu titles on this illustration reflect the overall menu commands and window options.

Menu Bar

The menu bar is below the window title bar and contains the heading for the list of commands or window options.

The list of available commands or window options displays in a drop-down box. If a command or window option is faded, the command or window option is not available at this time.

A command or window option is selected by the following methods:

1. Click the command or window option title.
2. Click the desired option title and a drop-down box displays. Click the command or press **Alt** plus the underscored letter of the desired command.

Menu Selection: File

This menu selection provides the following options.

New – Allows the user to create new criteria

Save - Saves the information updated

Delete – Deletes a record

Print – Prints a data window, the current window, or the entire screen

Exit – Exits the window and returns to a previous window

Audit – Allows the user to view the system changes made to each individual window

Exit IndianaAIM – Exits IndianaAIM

Menu Selection: Edit

These menu options allow the user to modify data entered.

Copy – Copies text for transfer to another area

Paste – Pastes text that was cut or copied from another area

Cut – Deletes the text and places it on the clipboard

Menu Selection: Applications

These menu options access the following areas in IndianaAIM.

Adhoc Reporting – Click to access the Adhoc Reporting menu

Claims – Click to access the Claims main menu

Financial – Click to access the Financial main menu

Managed Care – Click to access the Managed Care main menu

MARS – Click to access the MARS menu

Prior Authorization – Click to access the PA main menu

Provider – Click to access the Provider main menu

Recipient – Click to access the Recipient Search window

Reference – Click to access the Reference main menu

Security – Inactive

SURS – Click to access the SURS main menu

Third Party Liability – Click to access the TPL main menu

Field Information

Field Name: Claim Type

Description – Type of claim assigned which is used for specific criteria

Format – One alphanumeric character

Features – Drop-down list to select valid values from system table

Edits – None

To Correct – None

Field Name: Coverage Code

Description – Identification and description of TPL coverage codes

Format – One alphanumeric character

Features – Drop-down list to select valid values from system table

Edits – None

To Correct – None

Field Name: Effective Date

Description – Date the pharmacy TPL edits are effective

Format – Eight numeric characters (CCYYMMDD)

Features – None

Edit – 91001 - Invalid Date (CCYYMMDD)!

To Correct – Verify entry with valid criteria

Edit – 91003 - Effective date is required!

To Correct – Verify typing. Entry is required.

Edit – 91002 - Date must be numeric!

To Correct – Verify typing. Format CCYYMMDD

Field Name: End Date

Description – Date the drug limitations are no longer in effect

Format – Eight numeric characters (CCYYMMDD)

Features – None

Edit – 91003 - Date is required!

To Correct – Verify typing

Edit – 91002 - Date must be numeric!

To Correct – Verify typing

Edit – 8010 - End Date must be Greater Than Effective Date

To Correct – Verify typing. The end date cannot be less than the Effective date.

Edit – 91001 - Invalid Date (CCYYMMDD)!

To Correct – Verify typing. The date must be in CCYYMMDD format.

Edit – 91151 - End Date is Required!

To Correct – Verify typing. Entry is required.

Edit – 8034 - Date range overlaps existing segment!

To Correct – Verify typing. Entry is required.

Other System Messages

Save Successful

Save Unsuccessful

Do you want to save changes?

8004 - No changes keyed!

Continue without saving?

System Information

PBL – REF03.PBL

Window – W_REF_TPL_EDIT

Menu – M_AUDIT_PROC2_MAINT

Data Windows – DW_TPL_EDIT

System Features

Click **New** to create a new row to enter information.

Click **Save** to save the new row entered.

Click **Except** to view the Pharmacy TPL Edit Exceptions window.

Click **Exit** to close this window and prompt the user to save any changes that were made.

Section 29: County Information Window

Introduction

This window is accessed through the Reference System Code Table Maintenance Menu window. The County Information window is used to view and maintain the county name and address information.

The screenshot shows a window titled "County Information" with a menu bar containing "File", "Edit", "Applications", and "Options". Below the menu bar are two input fields: "County Code:" and "County Name:", followed by a "Search" button. The main area of the window contains a table with four columns: "County Code", "County", "Address 1", and "Address 2". The table lists six counties: ADAMS, ALLEN, BARTHOLOMEW, BENTON, BLACKFORD, and BOONE. At the bottom of the window are two buttons: "Select" and "Exit".

County Code	County	Address 1	Address 2
01	ADAMS	ADAMS COUNTY D.F.C.	P.O. Box 227
02	ALLEN	ALLEN COUNTY D.F.C.	201 E Rudisell Blvd,
03	BARTHOLOMEW	BARTHOLOMEW COUNTY D.F.C.	P.O. Box 587
04	BENTON	BENTON COUNTY D.F.C.	P.O. Box 226
05	BLACKFORD	BLACKFORD COUNTY D.F.C.	P.O. Box 717
06	BOONE	BOONE COUNTY D.F.C.	P.O. Box 548

Figure 29.1 – County Information Window

County Information			
File	Edit	Applications	Options
Select	Copy	Adhoc Reporting	Search
Print	Paste	Claims	
Exit	Cut	Financial	
Exit IndianaAIM		Managed Care	
		MARS	
		Prior Authorization	
		Provider	
		Recipient	
		Reference	
		Security	
		SURS	
		Third Party Liability	

Figure 29.2 – County Information Window Menu Tree

This is the menu bar for the County Information window. All menus are in single-line boxes. This illustration shows the overall menu commands and window options.

Menu Bar

The menu bar is below the window's title bar and contains the heading for the list of commands or window options.

The list of available commands or window options is in a drop-down list box. Some commands or window options are in gray because they are not available at the time.

Select a command or window option in the following manner:

1. Click on the command or window option title.
2. Click on the desired option title and a drop-down box appears. Select the command. Double-click or select the underscored letter of each command and press **Alt**.

Menu Selection: File

Select – Opens the County Information Maintenance window to allow the user to maintain the selected county information

Print – Prints the selected window or screen

Exit – Returns to the previous window

Exit IndianaAIM – Exits IndianaAIM

Menu Selection: Edit

Copy – Copies text for transfer to another area or application

Paste – Pastes text that was cut or copied from another area

Cut – Deletes the text and places it on the clipboard

Menu Selection: Applications

This menu selection accesses the following areas in IndianaAIM.

Adhoc Reporting – Accesses the Adhoc Reporting menu

Claims – Accesses the Claims main menu

Financial – Accesses the Financial main menu

Managed Care – Accesses the Managed Care menu

MARS – Accesses the MARS menu

Prior Authorization – Accesses the PA main menu

Provider – Accesses the Provider main menu.

Recipient – Accesses the Recipient Search window

Reference – Accesses the Reference main menu

Security – Accesses the Security main menu

SURS – Accesses the SURS main menu

Third Party Liability – Accesses the TPL main menu

Menu Selection: Options

Search – Allows the user to search for a Jcode in the crosswalk list

Field Information

Field Name: County Code

Description – County code for search

Format – 99

Features – Search for the county by entering the county code and clicking **Search** or selecting **Search** from the Options menu.

Edits – Enter county code or name for search

To Correct – Enter a county code

Edit – 91037 - County code or name is required

To Correct – Re-enter

Edit – 91024 - No match found

To Correct – County code does not exist, re-enter

Field Name: County Name

Description – County name for search.

Format – Alphabetic

Features – Search for the county by entering the county name or partial county name and clicking **Search** or selecting **Search** from the Options menu.

Edit – Enter county code or name for search

To Correct – Enter a county name or partial name

Edit – 91037 - County code or name is required

To Correct – Re-enter

Edit – 91024 - No match found

To Correct – County name or partial name does not exist, re-enter

Field Name: Address 1

Description – County office name

Format – Alphabetic

Edits – None

Field Name: Address 2

Description – County office address

Format – Alphabetic, numeric

Edits – None

Field Name: City

Description – City of the county office

Format – Alphabetic

Edits – None

Field Name: State

Description – State of the county office

Format – Alphabetic

Edits – None

Field Name: Zip Code

Description – ZIP code of the county office

Format – 99999 9999

Edits – None

Field Name: Locality

Description – Locality of the county office

Format – Rural, Metropolitan, Urban

Edits – None

Field Name: Managed Care

Description – Indicates if the county is under managed care

Format – Yes or No

Edits – None

Field Name: Region

Description – Region of the state where the county is located

Format – North, South, Central

Edits – None

Field Name: ID Card Control

Description – Field used by system for processing county ID cards

Format – 99999

Edits – None

System Information

PBL – ref04.pbl

Window – w_ref_county

Menu – m_base_list_search

Data Windows – dw_ref_county

System Features

Click **Search** to find an existing county in the list.

Click **Select** to maintain an existing crosswalk.

Click **Exit** to exit the window.

Section 30: County Information Maintenance Window

Introduction

This window is accessed from the County Information window. This window is used to maintain address and name information for existing counties.

The screenshot shows a window titled "County Information Maintenance" with a menu bar containing "File", "Edit", and "Applications". The main area contains the following fields:

- County Code: 01
- Name: ADAMS
- Address 1: ADAMS COUNTY D.F.C.
- Address 2: P.O. Box 227
- City: Decatur
- State: IN
- Zip Code: 46733
- Locality: Rural
- Urban/Rural: Rural
- Managed Care: Yes
- Region: North
- ID Card Control: 26601

At the bottom of the window are two buttons: "Save" and "Exit".

Figure 30.1 – County Information Maintenance Window

County Information Maintenance		
File	Edit	Applications
Save	Copy	Adhoc Reporting
Print	Paste	Claims
Exit	Cut	Financial
Exit IndianaAIM		Managed Care
		MARS
		Prior Authorization
		Provider
		Recipient
		Reference
		Security
		SURS
		Third Party Liability

Figure 30.2 – County Information Maintenance Window Menu Tree

This is the menu bar for the County Information Maintenance window. All menus are in single-line boxes. This illustration shows the overall menu commands and window options.

Menu Bar

The menu bar is below the window's title bar and contains the heading for the list of commands or window options.

The list of available commands or window options is in a drop-down list box. Some commands or window options are in gray because they are not available at the time.

Select a command or window option in the following manner:

1. Click on the command or window option title.
2. Click on the desired option title and a drop-down box appears. Select the command. Double-click or select the underscored letter of each command and press **Alt**.

Menu Selection: File

Save – Saves changes made to the county name and address information

Print – Prints the selected window or screen

Exit – Returns to the previous window

Exit IndianaAIM – Exits IndianaAIM

Menu Selection: Edit

Copy – Copies text for transfer to another area or application

Paste – Pastes text that was cut or copied from another area

Cut – Deletes the text and places it on the clipboard

Menu Selection: Applications

This menu selection accesses the following areas in IndianaAIM.

Adhoc Reporting – Accesses the Adhoc Reporting menu

Claims – Accesses the Claims main menu

Financial – Accesses the Financial main menu

Managed Care – Accesses the Managed Care menu

MARS – Accesses the MARS menu

Prior Authorization – Accesses the PA main menu

Provider – Accesses the Provider main menu

Recipient – Accesses the Recipient Search window

Reference – Accesses the Reference main menu

Security – Accesses the Security main menu

SURS – Accesses the SURS main menu

Third Party Liability – Accesses the TPL main menu

Field Information

Field Name: County Code

Description – County code

Format – 99

Edits – None, display only

Field Name: County Name

Description – County name

Format – Alphabetic

Edit – 91037 - County name is required

To Correct – Enter a county name

Field Name: Address 1

Description – County office name

Format – Alphabetic

Edit – 91037 - Address 1 is required

To Correct – Enter a county office name

Field Name: Address 2

Description – County office address

Format – Alphabetic, numeric

Edit – 91037 - Address 2 is required

To Correct – Enter a county office street address

Field Name: City

Description – City of the county office

Format – Alphabetic

Edit – 91037 - City is required

To Correct – Enter a county office city address

Field Name: State

Description – State of the county office

Format – Alphabetic

Edit – 91037 - State is required

To Correct – Enter a county office state address

Field Name: Zip Code 5

Description – ZIP code of the county office

Format – 99999

Edit – 91037 - ZIP Code 5 is required.

To Correct – Enter a county office ZIP code five

Edit – 91007 - ZIP Code 5 must be numeric.

To Correct – Enter a county office ZIP code with five digits

Edit – 91059 - ZIP Code 5 must be length 5.

To Correct – Enter a county office ZIP code with five digits

Field Name: ZIP Code 4

Description – Second part of the ZIP code for the county office

Format – 9999

Edit – 91007 - ZIP Code 4 must be numeric

To Correct – Enter a county office ZIP code with five digits

Edit – 91059 - ZIP Code 4 must be length 4

To Correct – Enter the second part of the county office ZIP code with four digits

Field Name: Locality

Description – Locality of the county office

Format – Rural, Metropolitan, Urban

Edits – None, display only

Field Name: Managed Care

Description – Indicates if the county is under managed care

Format – Yes or No

Edits – None, display only

Field Name: Region

Description – Region of the state where the county is located

Format – North, South, Central

Edits – None, display only

Field Name: ID Card Control

Description – Field used by system for processing county ID cards

Format – 99999

Edits – None, display only

System Information

PBL – ref04.pbl

Window – w_ref_county_maint

Menu – m_base_maint_simple

Data Windows – dw_ref_county_maint

System Features

Click **Save** to save the changes.

Click **Exit** to exit the window.

Index

A

Ambulatory Surgical Center Pricing window..... 1-1
 Ambulatory Surgical Center Pricing Window..... 1-1
 ASC Pricing Maintenance window. 2-1
 ASC Pricing Maintenance Window 2-1

C

Capital Cost window..... 14-1
 Capital Cost Window..... 14-1
 Cost to Charge Ratio window 16-1
 Cost to Charge Ratio Window 16-1
 County Information Maintenance window..... 30-1
 County Information window..... 29-1
 County Information Window..... 29-1

D

DRG Rate Maintenance window 13-1
 DRG Rate Maintenance Window . 13-1, 25-1
 DRG Rate window..... 12-1
 DRG Rate Window..... 12-1

E

Estimated Acquisition Cost Percentages window..... 27-1
 Estimated Acquisition Cost Percentages Window..... 27-1

F

Figure 1.1 – Ambulatory Surgical Center Pricing Window..... 1-1
 Figure 1.2 – Ambulatory Surgical Center Pricing Window Menu Tree 1-2
 Figure 10.1 – RBRVS List Window (part 1 of 4) 10-1
 Figure 10.1 – RBRVS List Window (part 2 of 4) 10-2
 Figure 10.1 – RBRVS List Window (part 3 of 4) 10-2
 Figure 10.1 – RBRVS List Window (part 4 of 4) 10-3
 Figure 10.2 – RBRVS List Window Menu Tree..... 10-3
 Figure 11.1 – RBRVS Maintenance Window..... 11-1

Figure 11.2 – RBRVS Maintenance Window Menu Tree 11-2
 Figure 12.1 – DRG Rate Window. 12-1
 Figure 12.2 – DRG Rate Window Menu Tree..... 12-2
 Figure 13.1 – DRG Rate Maintenance Window..... 13-1
 Figure 13.2 – DRG Rate Maintenance Window Menu Tree 13-2
 Figure 14.1 – Capital Cost Window 14-1
 Figure 14.2 – Capital Cost Window Menu Tree..... 14-2
 Figure 15.1 – Marginal Cost Factor Window..... 15-1
 Figure 15.2 – Marginal Cost Factor Window Menu Tree 15-2
 Figure 16.1 – Cost to Charge Ratio Window..... 16-1
 Figure 16.2 – Cost to Charge Ratio Window Menu Tree 16-2
 Figure 17.1 – Peer Group Table Maintenance Window 17-1
 Figure 17.2 – Peer Group Table Maintenance Window Menu Tree 17-2
 Figure 18.1 – Peer Group Capital Cost Window 18-1
 Figure 18.2 – Peer Group Capital Cost Window Menu Tree..... 18-2
 Figure 19.1 – Peer Group Marginal Cost Factor Window 19-1
 Figure 19.2 – Peer Group Marginal Cost Factor Window Menu Tree 19-2
 Figure 2.1 – ASC Pricing Maintenance Window 2-1
 Figure 2.2 – ASC Pricing Maintenance Window Menu Tree 2-2
 Figure 20.1 – Peer Group Cost To Charge Ratio Window..... 20-1
 Figure 20.2 – Peer Group Cost To Ratio Window Menu Tree..... 20-2
 Figure 21.1 – Peer Group Medical Education Cost Window 21-1
 Figure 21.2 – Peer Group Medical Education Cost Window Menu Tree 21-2
 Figure 22.1 – Peer Group Maintenance Window 22-1

Figure 22.2 – Peer Group Maintenance Window Menu Tree	22-2	Figure 6.2 – Prov Spec Reduction Window Menu Tree	6-2
Figure 23.1 – Peer Group List Window.....	23-1	Figure 7.1 – GPCI Window	7-1
Figure 23.2 – Peer Group List Window Menu Tree	23-2	Figure 7.2 – GPCI Window Menu Tree	7-2
Figure 24.1 – Peer Group DRG Rate Window.....	24-1	Figure 8.1 – Flat Fee List Window	8-1
Figure 24.2 – Peer Group DRG Rate Window Menu Tree	24-2	Figure 8.2 – Flat Fee List Window Menu Tree.....	8-2
Figure 25.1 – DRG Rate Maintenance Window.....	25-1	Figure 9.1 – Flat Fee Maintenance Window.....	9-1
Figure 25.2 – DRG Rate Maintenance Window Menu Tree	25-2	Flat Fee List window	8-1
Figure 26.1 – Medical Education Cost Window.....	26-1	Flat Fee List Window	8-1
Figure 26.2 – Medical Education Cost Window Menu Tree	26-2	Flat Fee Maintenance window	9-1
Figure 27.1 – Estimated Acquisition Cost Percentages Window	27-1	Flat Fee Maintenance Window	9-1
Figure 27.2 – Estimated Acquisition Cost Percentages Window Menu Tree	27-2	G	
Figure 28.1 – Pharmacy TPL Edits Window.....	28-1	GPCI window	7-1
Figure 28.2 – Pharmacy TPL Edits Window Menu Tree	28-2	GPCI Window	7-1
Figure 29.1 – County Information Window.....	29-1	I	
Figure 29.2 – County Information Window Menu Tree	29-2	Figure 9.2 – Flat Fee Maintenance Window Menu Tree	9-2
Figure 3.1 – RBRVS Conversion Factor Window.....	3-1	M	
Figure 3.2 – RBRVS Conversion Factor Window Menu Tree	3-2	Marginal Cost Factor Window ...	15-1
Figure 30.1 – County Information Maintenance Window	30-1	Marginal Cost window	15-1
Figure 30.2 – County Information Maintenance Window Menu Tree	30-2	Medical Education Cost window	26-1
Figure 4.1 – Site of Service Differential Window	4-1	Medical Education Cost Window	26-1
Figure 4.2 – Site of Service Differential Window Menu Tree	4-2	N	
Figure 5.1 – Provider Specialty Reductions Window	5-1	New RBRVS Provider Specialty window.....	6-1
Figure 5.2 – Provider Specialty Reductions Window Menu Tree	5-2	P	
Figure 6.1 – Prov Spec Reduction Window.....	6-1	Peer Group Capital Cost window	18-1
		Peer Group Capital Cost Window.	18-1
		Peer Group Cost To Charge Ratio window.....	20-1
		Peer Group Cost To Charge Ratio Window.....	20-1
		Peer Group DRG Rate Maintenance window.....	25-1
		Peer Group DRG Rate window ..	24-1
		Peer Group DRG Rate Window..	24-1
		Peer Group List window	23-1
		Peer Group List Window	23-1
		Peer Group Maintenance window.	17-1, 22-1
		Peer Group Maintenance Window	22-1
		Peer Group Marginal Cost Factor window.....	19-1

Peer Group Marginal Cost Factor Window.....	19-1
Peer Group Medical Education Cost window.....	21-1
Peer Group Medical Education Cost Window.....	21-1
Peer Group Table Maintenance Window.....	17-1
Pharmacy TPL Edits Window	28-1
Pharmacy TPL Edits windows....	28-1
Prov Spec Reduction Maint Window	6-1
Provider Specialty Reductions window.....	5-1

R

RBRVS Conversion Factor window	3-1
RBRVS Conversion Factor Window	3-1
RBRVS List window	10-1
RBRVS List Window	10-1
RBRVS Maintenance window	11-1
RBRVS Maintenance Window ...	11-1

S

Site of Service Differential window	4-1
Site of Service Differential Window	4-1